PHS-797(PS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 23 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 001
Local Reg. No. 88
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 889 Highland

3. CHILD'S NAME (Type or Print): Baby Girl Liddell

4. SEX: Female
5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): January 6 1959

7. FATHER'S NAME: a. (First) William b. (Middle) Finley c. (Last) Liddell
8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS
10. BIRTHPLACE (State or foreign country): Fort Worth, Texas
11a. USUAL OCCUPATION: Agent
11b. KIND OF BUSINESS OR INDUSTRY: Continental Oil Co.

12. MOTHER'S MAIDEN NAME: a. (First) Ann b. (Middle) c. (Last) Makenson
13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS
15. BIRTHPLACE (State or foreign country): Chicago, Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Ann Liddell (Mother)

18a. LENGTH OF PREGNANCY: 24 WEEKS
18b. WEIGHT AT BIRTH: 1 LBS. 7½ OZS.
19 Was a standard serological test for syphilis performed? Yes...X..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
20b. MATERNAL CAUSES: Placental Separation

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): L J Wright
23b. DATE SIGNED: 1-14-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal
25b. DATE: 1-7-59
25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital
25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG. JAN 22 1959
REGISTRAR'S SIGNATURE: Lizzie Allright
26. FUNERAL DIRECTOR: Bannock Memorial Hosp
ADDRESS: Paul Kopp, Administrator

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 69 002
Local Reg. No. 69
Reg. Dist. No. 511

RECEIVED
JAN 23 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3519 Hawthorne

3. CHILD'S NAME (Type or Print): Baby Boy Hansen

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): January 8 1959

7. FATHER'S NAME: a. (First) Howard b. (Middle) Leland c. (Last) Hansen
8. COLOR OR RACE: White
9. AGE (At time of this birth): 31 YEARS
10. BIRTHPLACE (State or foreign country): Yuma, Colorado
11a. USUAL OCCUPATION:
11b. KIND OF BUSINESS OR INDUSTRY: Macy Fergison

12. MOTHER'S MAIDEN NAME: a. (First) JoAnne b. (Middle) Yvonne c. (Last) Wackie
13. COLOR OR RACE: White
14. AGE (At time of this birth): 27 YEARS
15. BIRTHPLACE (State or foreign country): Akron, Ohio

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. JoAnne Hansen (Mother)

18a. LENGTH OF PREGNANCY: 38 WEEKS
18b. WEIGHT AT BIRTH: 5 LBS. 13 OZS.
19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Strangulation of Umbelical Cord - 5X about neck.
20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.
23b. DATE SIGNED: 1-14-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF ~~AUTHORIZED OFFICIAL~~ TITLE: [illegible]

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal
25b. DATE: 1-9-59
25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital
25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JAN 22 1959
REGISTRAR'S SIGNATURE: Dixie Allright
26. FUNERAL DIRECTOR: [illegible] Mortuary Hosp
ADDRESS: Administrator

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 003
Local Reg. No. 51
Reg. Dist. No. 310

FEB 13 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 239 Howard

3. CHILD'S NAME (Type or Print): Steven Ray Kingsford

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): January 22, 1959

7. FATHER'S NAME: a. (First) Ray b. (Middle) Smith c. (Last) Kingsford

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Downey, Idaho

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY: Patton & Linton

12. MOTHER'S MAIDEN NAME: a. (First) Gloria b. (Middle) Jean c. (Last) Bullock

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Patient's chart

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 12 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: marginal placenta

20b. MATERNAL CAUSES: marked obesity

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Exploratory called for [illegible]

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] MD

23b. DATE SIGNED: 1-29-59

23c. ATTENDANT'S ADDRESS: Pocatello Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-23-59

25c. NAME OF CEMETERY OR CREMATORY: Mountainview

25d. LOCATION (City, town, or county) (State): Pocatello Bannock Idaho

DATE REC'D BY LOCAL REG.: FEB 9 1959

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR: [signature]
ADDRESS: 510 No. 12th Ave. Pocatello, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
FEB 13 1959
Bureau of Vital Statistics
State of Idaho

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State File No. 004
Local Reg. No. 50
Reg. Dist. No. 50

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 275 Cottage

3. CHILD'S NAME (Type or Print): Baby Girl Willes

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): January 29 1959

7. FATHER'S NAME: a. (First) J.Gordon b. (Middle) c. (Last) Willes
8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS
10. BIRTHPLACE (State or foreign country): Pocatello, Idaho
11a. USUAL OCCUPATION: Security Police
11b. KIND OF BUSINESS OR INDUSTRY: Naval Ordinance Plant

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Naomi c. (Last) Dalton
13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS
15. BIRTHPLACE (State or foreign country): Boise, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Mrs. Mary Willes Mother

18a. LENGTH OF PREGNANCY: 24 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Intrauterine Fetal Death
20b. MATERNAL CAUSES: Bath before delivery

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: —
22. STATE ALL OPERATIONS FOR DELIVERY: —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George J. Cox MD
23b. DATE SIGNED: 2/2/59.
23c. ATTENDANT'S ADDRESS: Pocatello, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Disposal
25b. DATE: 1-31-59
25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital
25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG. FEB 10 1959
REGISTRAR'S SIGNATURE: Joyce Allright
26. FUNERAL DIRECTOR: Earl H. Adams
ADDRESS: Pocatello Idaho

Form DPH-48020

JUL 20 1959

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JAN 1 2 1959
Bureau of Vital Statistics

State File No. 005
Local Reg. No. 1
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH
a. COUNTY Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrison
d. STREET ADDRESS (If rural, give location) Box 23

3. CHILD'S NAME (Type or Print) Baby Boy Rose

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) January 2 1959

7. FATHER'S NAME a. (First) Douglas b. (Middle) Raymond c. (Last) Rose

8. COLOR OR RACE White

9. AGE (At time of this birth) 33 YEARS

10. BIRTHPLACE (State or foreign country) Harrison, Idaho

11a. USUAL OCCUPATION Logging Supt.

11b. KIND OF BUSINESS OR INDUSTRY Lumber Company

12. MOTHER'S MAIDEN NAME a. (First) Sylvia b. (Middle) Lucille c. (Last) Hill

13. COLOR OR RACE White

14. AGE (At time of this birth) 34 YEARS

15. BIRTHPLACE (State or foreign country) Harrison, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT Douglas Rose Father

18a. LENGTH OF PREGNANCY 35 WEEKS

18b. WEIGHT AT BIRTH 6 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date July 12, 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Rh positive (Hydrops due to Rh reaction)

20b. MATERNAL CAUSES Rh negative

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Baby dead on delivery (section)

22. STATE ALL OPERATIONS FOR DELIVERY C-section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. D. Thomas (M.D.)

23b. DATE SIGNED 1-5-59

23c. ATTENDANT'S ADDRESS St. Maries

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE 1-7-59

25c. NAME OF CEMETERY OR CREMATORY Harrison Cemetery

25d. LOCATION (City, town, or county) Harrison (State) Ida

DATE REC'D BY LOCAL REG. 1-7-59

REGISTRAR'S SIGNATURE Beatrice L. Mitchell

26. FUNERAL DIRECTOR Gerald E. Browning ADDRESS St. Maries Ida.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 15 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 006
Local Reg. No. 7
Reg. Dist. No. 6.a.a.

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 490 E. Idaho Street

3. CHILD'S NAME (Type or Print): Jolley W. (No Middle Name)

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 7, 1959

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) Irvin c. (Last) Jolley

8. COLOR OR RACE: white

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): Shelley, Idaho

11a. USUAL OCCUPATION: Police Officer

11b. KIND OF BUSINESS OR INDUSTRY: City Police Force

12. MOTHER'S MAIDEN NAME: a. (First) Elda b. (Middle) c. (Last) Woodland

13. COLOR OR RACE: white

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? one

17. INFORMANT: Kenneth I. Jolley

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ~~No~~
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Diabetes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:32 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph S. Coates MD

23b. DATE SIGNED: Jan 8, 1959

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-7-59

25c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

25d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Jan 9-1959

REGISTRAR'S SIGNATURE: Mrs Helen E. Palmer

26. FUNERAL DIRECTOR: Howard Peckham

ADDRESS: Blackfoot, Idaho

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JAN 26 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 007
Local Reg. No. 6
Reg. Dist. No. 6-D

1. PLACE OF STILLBIRTH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 961 Boise Avenue

3. CHILD'S NAME (Type or Print) ANGELA VON FISHER FIRKINS

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): January 8 1959

7. FATHER'S NAME: a. (First) b. (Middle) c. (Last)
8. COLOR OR RACE

9. AGE (At time of this birth) YEARS
10. BIRTHPLACE (State or foreign country)
11a. USUAL OCCUPATION
11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) Ruby b. (Middle) Yvonne c. (Last) Firkins
13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS
15. BIRTHPLACE (State or foreign country): Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Ruby Yvonne Firkins

18a. LENGTH OF PREGNANCY: 24 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES
20b. MATERNAL CAUSES: automobile injury · 5½ mos gestation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Trauma -
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Harold P. Sutherland M. D.
23b. DATE SIGNED: Jan 14, 1959
23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 1/14/'59
25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan 22-1959
REGISTRAR'S SIGNATURE: Anna Budge
26. FUNERAL DIRECTOR: Orland C. Beck
ADDRESS: Idaho Falls, Idaho

Form DPH-48020

Mr. Geo. Hatch Mrs. [illegible]

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

FEB 10 1959

Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 008
Local Reg. No. 10
Reg. Dist. No. 010

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE:
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Wright

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan 20, 1959

7. FATHER'S NAME: a. (First) Donald b. (Middle) Earl c. (Last) Wright

8. COLOR OR RACE: White

9. AGE (At time of this birth): 45 YEARS

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Lalia b. (Middle) Mary c. (Last) Wright

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 8
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Donald Earl Wright

18a. LENGTH OF PREGNANCY WEEKS:
18b. WEIGHT AT BIRTH LBS. OZS.:
19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date Dec 10, 1958 Lucille Idaho

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: anoxia due to 20b

20b. MATERNAL CAUSES: abruptio placenta - measure - Dystocia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: abruptio Placenta

22. STATE ALL OPERATIONS FOR DELIVERY: Breech extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. R. Kelly M.D.

23b. DATE SIGNED: 1-23-59

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-20-59

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest

25d. LOCATION (City, town, or county) (State): Shelley Id A

DATE REC'D BY LOCAL REG.: Jan. 24-1959

REGISTRAR'S SIGNATURE: Anna Bridges

26. FUNERAL DIRECTOR: Harry L. Nodurft

ADDRESS: Shelley Idaho

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5.

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FEDERAL SECURITY AGENCY
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 009
Local Reg. No. 1
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY: Canyon	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital	d. STREET ADDRESS (If rural, give location): Route 2.

3. CHILD'S NAME (Type or Print): INFANT BOY SKOGSBERG

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: Jan 28 1959

7. FATHER'S NAME: a. (First) Glen b. (Middle) Noland c. (Last) Skogsberg

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Nampa, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Sharon b. (Middle) Ann c. (Last) Price

13. COLOR OR RACE: white

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Chicago, Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Glenn N. Skogsberg

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity 5 mos

20b. MATERNAL CAUSES: Placenta previa partialis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:52 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Bo Saltys MD.

23b. DATE SIGNED: 1/30/59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: 2-4-59

25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

25d. LOCATION (City, town, or county) (State): Nampa, Canyon Idaho

DATE REC'D BY LOCAL REG.: Feb. 5, 1959

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

26. FUNERAL DIRECTOR: John F. Alsip Jr.

ADDRESS: Nampa, Idaho

ALSIP FUNERAL CHAPEL 404-10 Ave. So.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 010
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 1014 N College

3. CHILD'S NAME (Type or Print): WILLIAM DOUGLAS MCGOWAN JR.

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): January 25, 1959

7. FATHER'S NAME: a. (First) William b. (Middle) Douglas c. (Last) McGowan

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Oregon

11a. USUAL OCCUPATION: Woods Worker

11b. KIND OF BUSINESS OR INDUSTRY: Logging

12. MOTHER'S MAIDEN NAME: a. (First) BETTY b. (Middle) c. (Last) GARNER

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Ohio

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: William Douglas McGowan

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapsed Cord

20b. MATERNAL CAUSES: unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prolapsed Cord

22. STATE ALL OPERATIONS FOR DELIVERY: High forceps delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): William H Cone M.D.

23b. DATE SIGNED: 2 Feb 59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Jan 31, 1959

25c. NAME OF CEMETERY OR CREMATORY: Prairieview

25d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR: Robert R Hansen ADDRESS: Robertson-Hansen Funeral Home Grangeville

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 011
Local Reg. No. 1
Reg. Dist. No. 242

RECEIVED
JAN 30 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Castle

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH: Jan 11 59

7. FATHER'S NAME: a. (First) Miles b. (Middle) c. (Last) Castle

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Surveyor

11b. KIND OF BUSINESS OR INDUSTRY: State Highway

12. MOTHER'S MAIDEN NAME: a. (First) Jean b. (Middle) c. (Last) Von Tersch

13. COLOR OR RACE: white

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Miles D. Castle

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Nov. 20, 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known

20b. MATERNAL CAUSES: Probable abruptio placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:40 P *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): MD

23b. DATE SIGNED: 1/14/59

23c. ATTENDANT'S ADDRESS: Grangeville, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Jan 13 59

25c. NAME OF CEMETERY OR CREMATORY: Catholic

25d. LOCATION (City, town, or county) (State): Cottonwood Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: W. F. Cox, MD 4-7-71

26. FUNERAL DIRECTOR: Cletus A. Uhlorn

ADDRESS: Cottonwood

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JAN 12 1959
Bureau of Vital Statistics

State File No. 012
Local Reg. No. 690
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Robert Henson

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 5, 1959

7. FATHER'S NAME: a. (First) Raymond b. (Middle) c. (Last) Henson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Weiser, Idaho

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Rose b. (Middle) c. (Last) Bauer

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): N. Dakota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Raymond W Henson

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 12-8-58

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: placenta previa & premature separation of placenta

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): B H Johnson MD

23b. DATE SIGNED: 1-6-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-7-59

25c. NAME OF CEMETERY OR CREMATORY: Salmon

25d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 1-7-59

REGISTRAR'S SIGNATURE: Viola E. Johnson

26. FUNERAL DIRECTOR: Wilbur C Jones

ADDRESS: Salmon, Idaho

Form DPH-48020

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PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 013
Local Reg. No. 77
Reg. Dist. No. 630

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JAN 12 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rexburg Rt. 1
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Clements

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Jan. 5, 1959

7. FATHER'S NAME
a. (First): Vaugn Mark
b. (Middle):
c. (Last): Clements

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Rexburg Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farm

12. MOTHER'S MAIDEN NAME
a. (First): Mary
b. (Middle): Maurine
c. (Last): Stewart

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 3
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT: Vaun M Clements

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 1 OZS.

19 Was a standard serological test for syphilis performed? Yes. ✓ No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio-placenta.

20b. MATERNAL CAUSES: Polyhydramnios.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Polyhydramnios

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 P. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED: 1-7-59

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1/7/59

25c. NAME OF CEMETERY OR CREMATORY: Rexburg

25d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 1-7-59

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: [signature]

ADDRESS: Rexburg, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 014
Local Reg. No. 3
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): Route 1

3. CHILD'S NAME (Type or Print)

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): January 12, 1959

7. FATHER'S NAME: a. (First) William b. (Middle) c. (Last) Weimer
8. COLOR OR RACE: cauc.

9. AGE (At time of this birth): 31 YEARS
10. BIRTHPLACE (State or foreign country): Rexburg, Idaho
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Fern b. (Middle) Ethel c. (Last) Cherry
13. COLOR OR RACE: cauc.

14. AGE (At time of this birth): 28 YEARS
15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Fern Weimer Mother

18a. LENGTH OF PREGNANCY: 22 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date December, 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Craniaschisis - Anencephaly
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:30 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Edward H. Ricks M.D.
23b. DATE SIGNED: 1-15-59
23c. ATTENDANT'S ADDRESS: Rexburg, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: 1/13/59
25c. NAME OF CEMETERY OR CREMATORY: Hospital
25d. LOCATION (City, town, or county) (State): Rexburg Idaho

DATE REC'D BY LOCAL REG.: 1-18-59
REGISTRAR'S SIGNATURE: Leona Flamm
26. FUNERAL DIRECTOR: Madison Memorial Hospital
ADDRESS: Virginia Mason - Rexburg, Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 015
Local Reg. No. 7
Reg. Dist. No. 620

RECEIVED JAN 20 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Teton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Driggs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Teton Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Teton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Driggs
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Brett L. Moffat

4. SEX: male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) Jan (Day) 13 (Year) 59

7. FATHER'S NAME: a. (First) Willus b. (Middle) F. c. (Last) Moffat
8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS
10. BIRTHPLACE (State or foreign country): Tetonia, Idaho
11a. USUAL OCCUPATION: Barber
11b. KIND OF BUSINESS OR INDUSTRY: Barber

12. MOTHER'S MAIDEN NAME: a. (First) Lorene b. (Middle) c. (Last) Little
13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS
15. BIRTHPLACE (State or foreign country): Tetonia, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Willus F. Moffat

18a. LENGTH OF PREGNANCY: 41 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date August 25, 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Short cord c̄ knot, wrapped around neck twice.
20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None except 2nd degree lac'd
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Doyle Barrett, MD.
23b. DATE SIGNED: 1/13/59
23c. ATTENDANT'S ADDRESS: Driggs Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Jan 19-59
25b. DATE
25c. NAME OF CEMETERY OR CREMATORY: Teacle Clawson
25d. LOCATION (City, town, or county) (State): Clawson R.D.

DATE REC'D BY LOCAL REG.: Jan 14-59
REGISTRAR'S SIGNATURE: Stella Griggs
26. FUNERAL DIRECTOR: Bishop Burpers
ADDRESS: Driggs Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
FEB 19 1959
Bureau of Vital Statistics

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 016
Local Reg. No. 48
Reg. Dist. No. 270

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5120 Bel Air

3. CHILD'S NAME (Type or Print): BABY BOY SIMPLOT

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 13, 1959

7. FATHER'S NAME: a. (First) Don b. (Middle) J. c. (Last) Simplot

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Burley, Idaho

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: J. R. Simplot Co.

12. MOTHER'S MAIDEN NAME: a. (First) Sheridan b. (Middle) Lee c. (Last) Bowers

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Don J. Simplot

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Incompetent Cervix

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10 P *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Max D. Sudmundsen MD

23b. DATE SIGNED: Feb 16-59

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2/14/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-17-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: R. Dale McMurtrey
SUMMERS FUNERAL HOME Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAR 23 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 017
Local Reg. No. 52
Reg. Dist. No. 571

1. PLACE OF STILLBIRTH a. COUNTY: Bannock	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital	d. STREET ADDRESS (If rural, give location): Route #2, North

3. CHILD'S NAME (Type or Print): Judi Hall

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): February 11 1959

7. FATHER'S NAME: a. (First) Kenneth b. (Middle) c. (Last) Hall

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Preston, Idaho

11a. USUAL OCCUPATION: Class A Operator

11b. KIND OF BUSINESS OR INDUSTRY: Simplot

12. MOTHER'S MAIDEN NAME: a. (First) Laura b. (Middle) Ethel c. (Last) Johansen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Preston, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
1	0	0

17. INFORMANT: Mrs. Laura Hall

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: LBS. 14 OZS.

19 Was a standard serological test for syphilis performed? Yes ...X... No.....
Approximate date Dec. 1958

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Umbilical cord about neck & left arm.

20b. MATERNAL CAUSES: None known.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Antepartum Bleeding. Twins.

22. STATE ALL OPERATIONS FOR DELIVERY: Breech Extraction —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:55 *p. m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 2-13-59

23c. ATTENDANT'S ADDRESS: Pocatello Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-14-59

25c. NAME OF CEMETERY OR CREMATORY: Mountainview

25d. LOCATION (City, town, or county) (State): Pocatello, Bannock Idaho

DATE REC'D BY LOCAL REG.: MAR 17 1959

REGISTRAR'S SIGNATURE: Gigi Albright

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: 549 No. 12th Pocatello, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
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MAR 24 1959
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(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 018
Local Reg. No. 49
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1575 Idaho Avenue

3. CHILD'S NAME (Type or Print): BARBARA JEAN HISKEY

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): January 31 1959

7. FATHER'S NAME: a. (First) Ercele b. (Middle) Abraham c. (Last) Hiskey

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Houseman

11b. KIND OF BUSINESS OR INDUSTRY: Hotel

12. MOTHER'S MAIDEN NAME: a. (First) Orpha b. (Middle) Maxine c. (Last) Vest

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Ercele A Hiskey Sr.

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Placental Infarction

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: Low forceps.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): T. C. Erickson M.D.

23b. DATE SIGNED: 2-16-59

23c. ATTENDANT'S ADDRESS: Ida. Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Feb. 2, 1959

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 20-1959

REGISTRAR'S SIGNATURE: Luna Budge

26. FUNERAL DIRECTOR: Orland LeBeck

ADDRESS: Idaho Falls, Idaho

Form DPH-48020

Mr. Erickson

N.W.

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 019
Local Reg. No. 2
Reg. Dist. No. 3 4 2

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 6

3. CHILD'S NAME (Type or Print): Suzanne Marie Bower

4. SEX: F

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) Feb. (Day) 10 (Year) 1959

7. FATHER'S NAME: a. (First) Donald b. (Middle) R. c. (Last) Bower

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): South Dakota

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Rose b. (Middle) c. (Last) Skelton

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Arkansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Donald Bower

18a. LENGTH OF PREGNANCY: Term WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 7-3-58

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None -

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Henry C. Weschke M.D.

23b. DATE SIGNED: 2-11-59

23c. ATTENDANT'S ADDRESS: Nampa Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-18-1959

25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

25d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG. Feb. 15, 1959

REGISTRAR'S SIGNATURE Marjorie Stock

26. FUNERAL DIRECTOR: Richard Reed

ADDRESS: Nampa, Idaho

ALSIP FUNERAL CHAPEL 404-10Ave. So.

Form DPH-48020

1st twin born alive

This body embalmed by--
Larry Kroush- E-447- Nampa
2-10-59

PHS-797(VS)
4-48
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 020
Local Reg. No. 6
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. CHILD'S NAME (Type or Print): ANTHONY RAY MILLS

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): January 18, 1959

7. FATHER'S NAME: a. (First) Benton b. (Middle) B. c. (Last) Mills
8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS
10. BIRTHPLACE (State or foreign country): Missouri
11a. USUAL OCCUPATION: Welder
11b. KIND OF BUSINESS OR INDUSTRY: Building

12. MOTHER'S MAIDEN NAME: a. (First) LaDonna b. (Middle) c. (Last) Starr
13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS
15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Benton B. Mills

18a. LENGTH OF PREGNANCY: 39 WEEKS
18b. WEIGHT AT BIRTH: 8 LBS. 0 OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date: aug, 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: large baby
20b. MATERNAL CAUSES: Moderate Obesity

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech presentation
22. STATE ALL OPERATIONS FOR DELIVERY: episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Wardell Ruby M.D.
23b. DATE SIGNED: Jan 20, 1959
23c. ATTENDANT'S ADDRESS: Glenns Ferry Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 1/20/59
25c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
25d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Feb 1 1959
REGISTRAR'S SIGNATURE: E. Anderson
26. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Bey Mortuary, Mtn. Home, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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MAR 6 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 021
Local Reg. No. 9
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home AFB, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 808th Medical Group

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn Home AFB, Idaho
d. STREET ADDRESS (If rural, give location): 1050 East 14th North St.

3. CHILD'S NAME (Type or Print): CARMEN ANN BENCHOFF

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: Feb 20 59 (Month) (Day) (Year)

7. FATHER'S NAME: a. (First) CARL b. (Middle) ALVIN c. (Last) BENCHOFF

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Penna.

11a. USUAL OCCUPATION: AF

11b. KIND OF BUSINESS OR INDUSTRY: Radio Maint AF

12. MOTHER'S MAIDEN NAME: a. (First) MARIEA b. (Middle) CARMEN c. (Last) SOTO

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Madrid, Spain

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: (Father) Carl A. Benchoff

18a. LENGTH OF PREGNANCY: 43 WEEKS

18b. WEIGHT AT BIRTH: 11 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes X No ____
Approximate date 15 July 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine Death, Cause unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cepalo-pelvic Disproportion

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:30 PM *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard W. Frisbie M.D.

23b. DATE SIGNED: 20 Feb 59

23c. ATTENDANT'S ADDRESS: AFB, Ida USAF Hospital Mtn Home

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 2-24-59

25c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

25d. LOCATION (City, town, or county) (State): Mt. Home Idaho

DATE REC'D BY LOCAL REG.: Feb 24 1959

REGISTRAR'S SIGNATURE: A. Anderson

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: Bey Mortuary Mt. Home, Idaho

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 022
Local Reg. No. 16
Reg. Dist. No. 200

RECEIVED FEB 20 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): P.O. Box 43 - Rt 1

3. CHILD'S NAME (Type or Print): Baby Girl Ule

4. SEX: Fe

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb. 6, 1959

7. FATHER'S NAME: a. (First) James b. (Middle) Allend c. (Last) Ule

8. COLOR OR RACE: Wh

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Brownsville, Tex

11a. USUAL OCCUPATION: Meat Cutter

11b. KIND OF BUSINESS OR INDUSTRY: Randallman

12. MOTHER'S MAIDEN NAME: a. (First) Kay b. (Middle) Marie c. (Last) Randallman

13. COLOR OR RACE: Wh

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Spokane, Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Kay Ule mother

18a. LENGTH OF PREGNANCY: 27 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 0 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Prematurity

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:15 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Lafile J. Stephen M.D.

23b. DATE SIGNED: 2-6-59

23c. ATTENDANT'S ADDRESS: Moscow

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 2-7-1959

25c. NAME OF CEMETERY OR CREMATORY: Gritman Hospital

25d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 2/16/59

REGISTRAR'S SIGNATURE: Lois E. Skeen

26. FUNERAL DIRECTOR: Donald Ward

ADDRESS: Moscow, Idaho

Form DPH-48020

CREMATION	2-7-1959	Gritman Hospital	Moscow, Id

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAR 18 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 023
Local Reg. No. 75
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 310 North 1st.

3. CHILD'S NAME (Type or Print): Kelli Hallene Wharton

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 2 1959

7. FATHER'S NAME: a. (First) William b. (Middle) Richard c. (Last) Wharton

8. COLOR OR RACE: Cau.

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Trucker

11b. KIND OF BUSINESS OR INDUSTRY: Trucking

12. MOTHER'S MAIDEN NAME: a. (First) Dorothy b. (Middle) Hallene c. (Last) Walling

13. COLOR OR RACE: Cau.

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: X William R. Walling

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 2 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital syphilis

20b. MATERNAL CAUSES: [illegible]

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 3-16-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: March 7 1959

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-11-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Samuel G. Gibson

ADDRESS: Schreiber-and Gibson Boise

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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MAR 16 1959
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 024
Local Reg. No. 1
Reg. Dist. No. 300

1. PLACE OF STILLBIRTH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital, Inc.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY ABERNATHY

4. SEX: female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: March 3 1959

7. FATHER'S NAME: a. (First) HALE b. (Middle) c. (Last) ABERNATHY

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Gooding, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) SUE b. (Middle) c. (Last) RATCLIFF

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country): Burr Oak, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? ---
b. How many children were born alive but are now dead? ---
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? ---

17. INFORMANT: Sue Abernathy

18a. LENGTH OF PREGNANCY: 25 WEEKS

18b. WEIGHT AT BIRTH: not weighed LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 12-11-58

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30p m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature]

23b. DATE SIGNED: 3-6-59

23c. ATTENDANT'S ADDRESS: Council, Idaho

If NOT attended by physician **24. SIGNATURE OF AUTHORIZED OFFICIAL** TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: March 4, 1959

25c. NAME OF CEMETERY OR CREMATORY: Yard at home

25d. LOCATION (City, town, or county) (State): Indian Valley, Adams, Idaho

DATE REC'D BY LOCAL REG.: March 5, 1959

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR: Hale Abernathy ADDRESS: Indian Valley Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE California
b. COUNTY Salano
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Valley Jac California
d. STREET ADDRESS (If rural, give location) 222 Gardner

3. CHILD'S NAME (Type or Print) BABY MOOTY

4. SEX Male

5a. THIS BIRTH SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year) March 5 1959

7. FATHER'S NAME a. (First) Richard b. (Middle) Lee c. (Last) Mooty

8. COLOR OR RACE White

9. AGE (At time of this birth) 25 YEARS

10. BIRTHPLACE (State or foreign country) El Dorado Arkansas

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Annetta b. (Middle) J. c. (Last) Roberts

13. COLOR OR RACE White

14. AGE (At time of this birth) 24 YEARS

15. BIRTHPLACE (State or foreign country) El Dorado Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT Annetta J. Mooty

18a. LENGTH OF PREGNANCY 26 WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date In California

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Premature separation of placenta

20b. MATERNAL CAUSES none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR no other

22. STATE ALL OPERATIONS FOR DELIVERY none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) G. P. Gardner M.D.

23b. DATE SIGNED 3-10-59

23c. ATTENDANT'S ADDRESS Montpelier Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE Mar 7 1959

25c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery

25d. LOCATION (City, town, or county) (State) Montpelier Idaho

DATE REC'D BY LOCAL REG. 3/14/59

REGISTRAR'S SIGNATURE J N Young

26. FUNERAL DIRECTOR Nile Matthews

ADDRESS Montpelier Idaho

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PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 026
Local Reg. No. 8
Reg. Dist. No. 410

1. PLACE OF STILLBIRTH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hailey Clinical Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~XXXX~~ Bellevue
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Godby

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Feb 8 1959

7. FATHER'S NAME: a. (First) Bobby b. (Middle) Carlus c. (Last) Godby

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Shoshone, Idaho

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY: Hard Rock Mine

12. MOTHER'S MAIDEN NAME: a. (First) Alice b. (Middle) Iola c. (Last) Davis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Atwood, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Bobby C Godby

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE: [illegible] M.D. (Specify if M. D., midwife, or other)

23b. DATE SIGNED: 2/12/59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 2-10-59

25c. NAME OF CEMETERY OR CREMATORY: Hailey- Baby Row

25d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Mch 21-59

REGISTRAR'S SIGNATURE: Robert H. Wright - per E.B.W.

26. FUNERAL DIRECTOR: Ray McGoldrick Hailey

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4-48
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PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 027
Local Reg. No. 54
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Stillborn Baby Girl Loveday

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 7, 1959

7. FATHER'S NAME: a. (First) William b. (Middle) c. (Last) Loveday

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): USA

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Dorothy b. (Middle) Jane c. (Last) Morrow

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Arthur Morrow

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown (macerated Fetus)

20b. MATERNAL CAUSES: Unknown

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. E. Stoddard MD

23b. DATE SIGNED: 12 March 59

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 3/9/59

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 21-59

REGISTRAR'S SIGNATURE: Emma Burgess

26. FUNERAL DIRECTOR: Jack A. Wood Jr. ADDRESS: Idaho Falls, Idaho

Form DPH-48020

Stoddard.

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4-48
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 028
Local Reg. No. 57
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ucon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Stillborn Baby Boy FLUKE

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 19, 1959

7. FATHER'S NAME: a. (First) Walter b. (Middle) Thomas c. (Last) Fluke

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): North Dakota

11a. USUAL OCCUPATION: Cement Finisher

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Fern b. (Middle) c. (Last) Stringham

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Walter T. Fluke

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord Death

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. D. Dams MD

23b. DATE SIGNED: 3.20.59.

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: March 23, 1959

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 21-1959

REGISTRAR'S SIGNATURE: Anna Burgess

26. FUNERAL DIRECTOR: Jack A Wood, Jr.

ADDRESS: Idaho Falls, Idaho

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Davis

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4-48
FEDERAL SECURITY AGENCY
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 029
Local Reg. No. 11-59
Reg. Dist. No. 100

1. PLACE OF STILLBIRTH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Bonners Ferry
d. STREET ADDRESS (If rural, give location): Kootenai Indian Reservation

3. CHILD'S NAME (Type or Print): Infant Boy ABRAHAM

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 23, 1959

7. FATHER'S NAME
a. (First): Abraham
b. (Middle): ———
c. (Last): Abraham

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Creston, B. C.

11a. USUAL OCCUPATION: None

11b. KIND OF BUSINESS OR INDUSTRY: ———

12. MOTHER'S MAIDEN NAME
a. (First): Louise
b. (Middle): ———
c. (Last): Goodman

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Creston, B. C.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: Four
b. How many children were born alive but are now dead?: One
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: ——

17. INFORMANT: Abraham Abraham

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Nov. 1958

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Cord tightly about neck three times.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Normal birth

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:53 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. M. Bonell M. D.

23b. DATE SIGNED: March 24 1959

23c. ATTENDANT'S ADDRESS: Bonners Ferry

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Mar. 24, 1959

25c. NAME OF CEMETERY OR CREMATORY: Kootenai Reservation

25d. LOCATION (City, town, or county) (State): Boundary Co., Idaho

DATE REC'D BY LOCAL REG.: 3/30/59

REGISTRAR'S SIGNATURE: Twyla Stone

26. FUNERAL DIRECTOR: Don C. Rahm E-450

ADDRESS: Bonners Ferry

Hillcrest Memorial Chapel

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FEDERAL SECURITY AGENCY
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Bureau of Vital Statistics

APR 14 1959

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 030
Local Reg. No. 3
Reg. Dist. No. 3 6 2

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 572 Canyon

3. CHILD'S NAME (Type or Print): Infant Daughter Messick

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 7 1959

7. FATHER'S NAME: a. (First) Paul b. (Middle) c. (Last) Messick

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION: Sports Editor

11b. KIND OF BUSINESS OR INDUSTRY: Newspaper

12. MOTHER'S MAIDEN NAME: a. (First) Unace b. (Middle) c. (Last) Evans

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country):

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Elva Weible, Nampa Ida.

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 2-27-59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES
20b. MATERNAL CAUSES: Abruptio Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abruptio Placenta

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:10 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J C Horton Jr MD

23b. DATE SIGNED: 3-12-59

23c. ATTENDANT'S ADDRESS: 1223-7 St So

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 3-17-59

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory

25d. LOCATION (City, town, or county) (State): Ada County, Idaho

DATE REC'D BY LOCAL REG.: April 4, 1959

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

26. FUNERAL DIRECTOR: John F Alsip Jr

ADDRESS: Nampa, Ida.

ALSIP FUNERAL CHAPEL 404 10 Ave. So.

Form DPH-48020

Embalmed by--Larry Kroush- 3-7-59
at Nampa, Idaho

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

APR 1 4 1959

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Bureau of Vital Statistics State of Idaho

State File No. 031
Local Reg. No. 4
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Infant Son Mills

4. SEX: M

5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 27, 1959

7. FATHER'S NAME
a. (First): Kenneth
b. (Middle):
c. (Last): Mills

8. COLOR OR RACE: W

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Nampa

11a. USUAL OCCUPATION: U, S. Army

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Bonnie
b. (Middle):
c. (Last): Pate

13. COLOR OR RACE: W

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Homedale

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Harry C. Mills

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Jan 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: —

20b. MATERNAL CAUSES: Premature labor – ruptured membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature rupture membranes

22. STATE ALL OPERATIONS FOR DELIVERY: —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J Marquisen

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS: Nampa Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: April 2, 1959

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory

25d. LOCATION (City, town, or county): Ada Co. (State): Idaho

DATE REC'D BY LOCAL REG.: April 6, 1959

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

26. FUNERAL DIRECTOR: John F. Alsip, Jr.

ADDRESS: Nampa, Ida.

ALSIP FUNERAL CHAPEL 404-10 Ave. So.

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4-48
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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 032
Local Reg. No. 1
Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bancroft
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Brett Bailey

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 23, 1959

7. FATHER'S NAME: a. (First) Seth b. (Middle) S c. (Last) Bailey

8. COLOR OR RACE: White

9. AGE (At time of this birth): 44 YEARS

10. BIRTHPLACE (State or foreign country): Arbon, Idaho

11a. USUAL OCCUPATION: Grain Buyer

11b. KIND OF BUSINESS OR INDUSTRY: Call Bros.

12. MOTHER'S MAIDEN NAME: a. (First) Doris b. (Middle) c. (Last) Webber

13. COLOR OR RACE: White

14. AGE (At time of this birth): 41 YEARS

15. BIRTHPLACE (State or foreign country): West Jordan, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: S. R. Bailey Bancroft, Ida.

18a. LENGTH OF PREGNANCY: 31 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Oct 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MAINTERNAL CAUSES: Placental abruptsio

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta abruptsio - Premature labor

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E E Barry M.D.

23b. DATE SIGNED: 24 March 1959

23c. ATTENDANT'S ADDRESS: Preston, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/25/59

25c. NAME OF CEMETERY OR CREMATORY: Bancroft Cemetery

25d. LOCATION (City, town, or county) (State): Bancroft, Idaho

DATE REC'D BY LOCAL REG.: 3-24-59

REGISTRAR'S SIGNATURE: Darl Chinnett

26. FUNERAL DIRECTOR / **ADDRESS**: Theodore A Allen Soda Springs Ida.

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PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 033
Local Reg. No. 646
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1918 Burton Ave

3. CHILD'S NAME (Type or Print): Kelly Marie Jensen

4. SEX

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): March 9, 1959

7. FATHER'S NAME
a. (First): Harlan
b. (Middle): B
c. (Last): Jensen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Heyburn, Idaho

11a. USUAL OCCUPATION: Contractor

11b. KIND OF BUSINESS OR INDUSTRY: Building

12. MOTHER'S MAIDEN NAME
a. (First): Betty
b. (Middle): J
c. (Last): Spencer

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): American Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 2
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Harlan B. Jensen

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date: Sept. 1958.

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature - 3 lbs - 12 oz -

20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Seely MD

23b. DATE SIGNED: 3-12-59.

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Mar. 10, 1959

25c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

25d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 3-27-59

REGISTRAR'S SIGNATURE: Doris B. Harr

26. FUNERAL DIRECTOR: Vern B. McCulloch

ADDRESS: Burley, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 034
Local Reg. No. 12
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Home AFB, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 808th Medical Group

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE IDAHO
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Home, Idaho
d. STREET ADDRESS (If rural, give location) Airway Trailer Court

3. CHILD'S NAME (Type or Print) JAMES MAURICE OBENCHAIN JR.

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) March 1 1959

7. FATHER'S NAME a. (First) JAMES b. (Middle) MAURICE c. (Last) OBENCHAIN

8. COLOR OR RACE White

9. AGE (At time of this birth) 30 YEARS

10. BIRTHPLACE (State or foreign country) Ketchum, Idaho

11a. USUAL OCCUPATION AF

11b. KIND OF BUSINESS OR INDUSTRY Radar Mech AF

12. MOTHER'S MAIDEN NAME a. (First) VIRGINIA b. (Middle) MAE c. (Last) OBENCHAIN

13. COLOR OR RACE White

14. AGE (At time of this birth) 23 YEARS

15. BIRTHPLACE (State or foreign country) Shoshone, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT (Father) James M Obenchain

18a. LENGTH OF PREGNANCY 28 WEEKS

18b. WEIGHT AT BIRTH 2 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 25 January 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES 20b, prematurity of infant

20b. MATERNAL CAUSES Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hemmorhage

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:03 AM *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Richard D Fisher

23b. DATE SIGNED 1 March 1959

23c. ATTENDANT'S ADDRESS USAF Hosp., Mtn Home AFB, Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

25b. DATE 3-4-59

25c. NAME OF CEMETERY OR CREMATORY Mt. View Cem.

25d. LOCATION (City, town, or county) (State) Mt. Home Idaho

DATE REC'D BY LOCAL REG. Mar 9 1959

REGISTRAR'S SIGNATURE E Anderson

26. FUNERAL DIRECTOR Arthur Smith

ADDRESS Bey Mortuary Mt. Home, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 035
Local Reg. No. 1
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City General Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1417-N-5th, Street

3. CHILD'S NAME (Type or Print) INFANT GIRL HAYCRAFT

4. SEX Female

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) March (Day) 23, (Year) 1959

7. FATHER'S NAME a. (First) UNKNOWN b. (Middle) c. (Last) UNKNOWN

8. COLOR OR RACE White

9. AGE (At time of this birth) Unknown YEARS

10. BIRTHPLACE (State or foreign country) Unknown

11a. USUAL OCCUPATION Unknown

11b. KIND OF BUSINESS OR INDUSTRY Unknown

12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) c. (Last) Haycraft

13. COLOR OR RACE White

14. AGE (At time of this birth) 17 YEARS

15. BIRTHPLACE (State or foreign country) Hattiesburg, Miss.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT Ralph Hanna

18a. LENGTH OF PREGNANCY 26 WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes....X..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Gross Abnormalities of fetus
Premature Seperation of Placenta

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Jane D Bumpercleat, M.D.

23b. DATE SIGNED 3-25-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE 3-25-59

25c. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery

25d. LOCATION (City, town, or county) Coeur d' Alene (State) Idaho

DATE REC'D BY LOCAL REG. Mar. 28, 1959

REGISTRAR'S SIGNATURE Lorraine K. Brush

26. FUNERAL DIRECTOR English Chapel
ADDRESS Coeur d' Alene, Idaho
By: N. F. Kiplinger Jr.

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 036
Local Reg. No. 26
Reg. Dist. No. 200

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1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Gritman Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 513 - 6th St.

3. CHILD'S NAME (Type or Print): Baby Girl Schwartz

4. SEX: Fe

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 3 / 1 / 59

7. FATHER'S NAME: a. (First) Ronald b. (Middle) Alan c. (Last) Schwartz

8. COLOR OR RACE: Wh

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Selma, Cal.

11a. USUAL OCCUPATION: Student

11b. KIND OF BUSINESS OR INDUSTRY: Not I

12. MOTHER'S MAIDEN NAME: a. (First) Sonia b. (Middle) — c. (Last) Ocio

13. COLOR OR RACE: Wh

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Mazatlan, Mex.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Sonia O. Schwartz mother

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: Oct, 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:10 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Joseph R. Gibson M.D.

23b. DATE SIGNED: 3/2/59

23c. ATTENDANT'S ADDRESS: Moscow Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 3-1-59

25c. NAME OF CEMETERY OR CREMATORY: Gritman Hospital

25d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 3/4/59

REGISTRAR'S SIGNATURE: Lois E. Skaug

26. FUNERAL DIRECTOR: Olga Hansen

ADDRESS: Moscow, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 037
Local Reg. No. 096
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 341 Filer av. W

3. CHILD'S NAME (Type or Print) Rosenbaum Baby Boy

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) 3-17-59

7. FATHER'S NAME a. (First) James b. (Middle) Earl c. (Last) Rosenbaum

8. COLOR OR RACE W

9. AGE (At time of this birth) YEARS

10. BIRTHPLACE (State or foreign country) Idaho

11a. USUAL OCCUPATION X Ray tech.

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Elsie b. (Middle) Louise c. (Last) Smith

13. COLOR OR RACE W

14. AGE (At time of this birth) ~~Sixty Six~~ 29 YEARS

15. BIRTHPLACE (State or foreign country) Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT H. Chart (adm.)

18a. LENGTH OF PREGNANCY term WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Anoxia intra uteri

20b. MATERNAL CAUSES ~~Complete abruption of placenta~~ Mild hypertension

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Complete abruption of placenta

22. STATE ALL OPERATIONS FOR DELIVERY C Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Howard C. Luke M.D.

23b. DATE SIGNED 5/19/59

23c. ATTENDANT'S ADDRESS Twin Falls Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE Mar. 19, 1959

25c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. Apr. 2, 1959

REGISTRAR'S SIGNATURE Teresa C. Gorman

26. FUNERAL DIRECTOR White Mortuary Twin Falls, Idaho

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FEDERAL SECURITY AGENCY
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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 038
Local Reg. No. 144
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1005 Grove St.

3. CHILD'S NAME (Type or Print): ARTHUR WOOD

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☒ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 14 1959

7. FATHER'S NAME
a. (First): Richard
b. (Middle): Paul
c. (Last): Wood

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Pennsylvania

11a. USUAL OCCUPATION: Airman--U. S.

11b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force

12. MOTHER'S MAIDEN NAME
a. (First): Beverly
b. (Middle): Dewey
c. (Last): [illegible]

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT
x Beverly Wood

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes. Yes No.
Approximate date 3-18-59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anencephalus. Prematurity 6½ to 7 mo.

20b. MATERNAL CAUSES: undetermined - Three previous abortions 2 to 4 mo.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous Expulsion

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carl B. Smithson M.D. Boise Idaho

23b. DATE SIGNED: 4-17-59

23c. ATTENDANT'S ADDRESS: [illegible]

24. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician) TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/17/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-27-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Russell A. Relyea — RELYEA MORTUARY — ADDRESS: Boise, Idaho

Form DPH-48020

Second Twin born alive

MAY 5 1959

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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MAY 18 1959
Division of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 039
Local Reg. No. 166
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1920 Hilton Street

3. CHILD'S NAME (Type or Print): ROSELLA RAE STEIGER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 17, 1959

7. FATHER'S NAME: a. (First) Wilbert b. (Middle) R. c. (Last) Steiger

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Tolstoy, S. Dak.

11a. USUAL OCCUPATION: Finisher

11b. KIND OF BUSINESS OR INDUSTRY: Floors

12. MOTHER'S MAIDEN NAME: a. (First) Doris b. (Middle) E. c. (Last) Hobbs

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Miles City, Mont.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 9
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Wilbert R. Steiger

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes 4 No
Approximate date Jan 59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cerebral Hemorrhage

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:43 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Stewart Merrill MD

23b. DATE SIGNED: 5-8-59

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/20/59

25c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Memorial

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-15-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: G. Dale McMurray
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

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PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 040
Local Reg. No. 76
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location): Box 282

3. CHILD'S NAME (Type or Print): Christine Gray

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 25, 1959

7. FATHER'S NAME: a. (First) J. b. (Middle) Lee c. (Last) Gray

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Paris, Idaho

11a. USUAL OCCUPATION: Teacher

11b. KIND OF BUSINESS OR INDUSTRY: Teaching

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) c. (Last) Lawrence

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: J. Gray, P.O. Box 282, Aberdeen, Idaho

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord in a Knot

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30A. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] M.D.

23b. DATE SIGNED: Apr 27, 1959

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: April 25, 59

25c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

25d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Apr 25-1959

REGISTRAR'S SIGNATURE: Mrs Halia E. Gates

26. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 87 041
Local Reg. No. 87
Reg. Dist. No. 36

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 3 P.O. Box 98A

3. CHILD'S NAME (Type or Print): Patricia Doreen Plunkett

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 4 - 22 - 59

7. FATHER'S NAME: a. (First) Charles b. (Middle) Frank c. (Last) Plunkett

8. COLOR OR RACE: White

9. AGE (At time of this birth): 56 YEARS

10. BIRTHPLACE (State or foreign country): Louisiana

11a. USUAL OCCUPATION: Farm Labor

11b. KIND OF BUSINESS OR INDUSTRY: J. B. Moore

12. MOTHER'S MAIDEN NAME: a. (First) Evelyn b. (Middle) Eattel c. (Last) Boyle

13. COLOR OR RACE: White

14. AGE (At time of this birth): 41 YEARS

15. BIRTHPLACE (State or foreign country): Louisiana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 3
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Evelyn Eattel Plunkett Mother

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphyxiation Shoulder arm presentation prolapse

20b. MATERNAL CAUSES: Prolapse of chord c̄ compression

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: Internal podalic version & extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. Hecker MD

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4-27-59

25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

25d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-4-59

REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR: Peckham-Dakan-Davis Chapel ADDRESS: Caldwell, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 042
Local Reg. No. 28
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELMORE MEMORIAL HOSP.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: OWYHEE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - BRUNEAU
d. STREET ADDRESS (If rural, give location): RURAL - BRUNEAU

3. CHILD'S NAME (Type or Print): ERIN FRANCIS BLACK

4. SEX: FEMALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): APRIL 29, 1959

7. FATHER'S NAME: a. (First) JAMES b. (Middle) FLETCHER c. (Last) BLACK

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): BRUNEAU, IDAHO

11a. USUAL OCCUPATION: FARMER

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) ERIN b. (Middle) FRANCES c. (Last) PENCE

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): BRUNEAU, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: James F Black

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Placental infarction

20b. MATERNAL CAUSES: Defective implantation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Joseph Dennis MD

23b. DATE SIGNED: 5/1/59

23c. ATTENDANT'S ADDRESS: Mtn Home, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5-7-59

25c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

25d. LOCATION (City, town, or county) (State): Mtn Home, Idaho

DATE REC'D BY LOCAL REG.: May 13 1959

REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: BEY MORTUARY MT. HOME, Idaho

Form DPH-48020

Fig 5

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 043
Local Reg. No. 18
Reg. Dist. No. 1640

1. PLACE OF STILLBIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Maternity Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (Rural)
d. STREET ADDRESS (If rural, give location): Rte. #2

3. CHILD'S NAME (Type or Print): BABY BOY BURNS

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 2, 1959

7. FATHER'S NAME: a. (First) Warren b. (Middle) Von c. (Last) Burns

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Thornton, Idaho.

11a. USUAL OCCUPATION: Cable Splicer

11b. KIND OF BUSINESS OR INDUSTRY: Telephone

12. MOTHER'S MAIDEN NAME: a. (First) Marlene b. (Middle) Joyce c. (Last) Lowder

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Warren Von Burns

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No. X
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulation of Umbilical Cord (four times around neck)

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cessation of fetal movements 2 wks

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Clifford B Quigley M.D.

23b. DATE SIGNED: 4-13-59

23c. ATTENDANT'S ADDRESS: Rigby, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/3/59

25c. NAME OF CEMETERY OR CREMATORY: Sutton

25d. LOCATION (City, town, or county) (State): Archer, Idaho

DATE REC'D BY LOCAL REG.: 4/13/59

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

26. FUNERAL DIRECTOR: Bruce J Eckersell

ADDRESS: Rigby, Idaho.

Form DPH-48020

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FEDERAL SECURITY AGENCY
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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 044
Local Reg. No. 2
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY KOOTENAI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEUR D'ALENE
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Coeur d'Alene General Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE IDAHO
b. COUNTY KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEUR D'ALENE
d. STREET ADDRESS (If rural, give location) Star Route

3. CHILD'S NAME (Type or Print) INFANT REED

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) April (Day) 6, (Year) 1959

7. FATHER'S NAME a. (First) UNKNOWN b. (Middle) c. (Last)

8. COLOR OR RACE White

9. AGE (At time of this birth) Unknown YEARS

10. BIRTHPLACE (State or foreign country) Unknown

11a. USUAL OCCUPATION Unknown

11b. KIND OF BUSINESS OR INDUSTRY Unknown

12. MOTHER'S MAIDEN NAME a. (First) CARLENE b. (Middle) M. c. (Last) REED

13. COLOR OR RACE White

14. AGE (At time of this birth) 17 YEARS

15. BIRTHPLACE (State or foreign country) Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT Kelly Reed

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Hydrocephalus

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pre-eclampsia

22. STATE ALL OPERATIONS FOR DELIVERY Manual rotation, epis., for cepa

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Carlton Mid

23b. DATE SIGNED 4/8/59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE 4-7-1959

25c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial Park

25d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. Apr. 8, 1959

REGISTRAR'S SIGNATURE Lorraine K. Brush

26. FUNERAL DIRECTOR Don English

ADDRESS Coeur d'Alene, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 7 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 045
Local Reg. No. 50
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Santa
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) unnamed

4. SEX Female

5a. THIS BIRTH SINGLE [4] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) April 26 1959

7. FATHER'S NAME a. (First) John b. (Middle) Edward c. (Last) Renfro

8. COLOR OR RACE White

9. AGE (At time of this birth) 32 YEARS

10. BIRTHPLACE (State or foreign country) St. Maries Idaho

11a. USUAL OCCUPATION Logger

11b. KIND OF BUSINESS OR INDUSTRY Self

12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) Evelyn c. (Last) Asbury

13. COLOR OR RACE White

14. AGE (At time of this birth) 32 YEARS

15. BIRTHPLACE (State or foreign country) Alder Creek Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT John Edward Renfro Father

18a. LENGTH OF PREGNANCY 34 WEEKS

18b. WEIGHT AT BIRTH 7 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ~~No~~ No.....
Approximate date Oct 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Erythroblastosis

20b. MATERNAL CAUSES Rh incompatability

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rh neg mother + severe toxemia

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:25 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Lakile J. Stephens M.D.

23b. DATE SIGNED 4-28-59

23c. ATTENDANT'S ADDRESS Moscow

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE April 30, 1959

25c. NAME OF CEMETERY OR CREMATORY Woodlawn

25d. LOCATION (City, town, or county) (State) St. Maries Idaho

DATE REC'D BY LOCAL REG. 5/4/59

REGISTRAR'S SIGNATURE Lois E. Skoog

26. FUNERAL DIRECTOR Gerald Browning

ADDRESS St. Maries Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED MAY 8 1959 Bureau of Vital Statistics

State File No. 046
Local Reg. No. 1
Reg. Dist. No. 500

1. PLACE OF STILLBIRTH
a. COUNTY: POWER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMERICAN FALLS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SCHILTZ MEMORIAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: POWER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AMERICAN FALLS
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Robbi Alexander White

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 4 (Day) 28 (Year) 59

7. FATHER'S NAME
a. (First): George
b. (Middle): A.
c. (Last): White

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Presque Isle, Maine

11a. USUAL OCCUPATION: DEPUTY SHERRIF

11b. KIND OF BUSINESS OR INDUSTRY: LAW ENFORCEMENT

12. MOTHER'S MAIDEN NAME
a. (First): Delores
b. (Middle): A. Seefried
c. (Last): White

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Am. Falls, Ida

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: George A White

18a. LENGTH OF PREGNANCY: 38½ WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 15 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Firm Knot in umbilical cord (1/3 length - Fetal end)

20b. MATERNAL CAUSES: None.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: No fetal movement 3 days

22. STATE ALL OPERATIONS FOR DELIVERY: Left medio-lateral episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:55 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): B. L. Harms, M.D.

23b. DATE SIGNED: May 5, 1959

23c. ATTENDANT'S ADDRESS: American Falls Idaho

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4-30-59

25c. NAME OF CEMETERY OR CREMATORY: Fallsview

25d. LOCATION (City, town, or county): American Falls (State): Idaho.

DATE REC'D BY LOCAL REG.: 5/1/59

REGISTRAR'S SIGNATURE: Clara Duncan

26. FUNERAL DIRECTOR: G Davis

ADDRESS: Am. Falls, Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
APR 17 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 047
Local Reg. No. 113
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Mary Angela Drexler

4. SEX: Female

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 8, 1959

7. FATHER'S NAME
a. (First): Orville
b. (Middle): Eugene
c. (Last): Drexler

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Emma
b. (Middle): Colleen
c. (Last): Conner

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): American Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 1
b. How many children were born alive but are now dead?: 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?:

17. INFORMANT: Father

18a. LENGTH OF PREGNANCY: 33 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 11½ OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Fetal Hydrocephalus

20b. MAINTERNAL CAUSES: RH incompatibility

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harry C. Urban M.D.

23b. DATE SIGNED: April 8, 1959

23c. ATTENDANT'S ADDRESS: Twin Falls Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE:

25c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

25d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: April 8, 1959

REGISTRAR'S SIGNATURE: Lenora O. Thurman

26. FUNERAL DIRECTOR: McGolldrick

ADDRESS: Hailey, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 18 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 048
Local Reg. No. 122
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp Twin Falls County

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 120 Larkspur Dr

3. CHILD'S NAME (Type or Print): Ileene Ullman

4. SEX: Fe

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 21 59

7. FATHER'S NAME
a. (First): Robert
b. (Middle): LeRoy
c. (Last): Ullman

8. COLOR OR RACE: W

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): Sidney Montana

11a. USUAL OCCUPATION: Building contractor

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Ileene
b. (Middle): Melba
c. (Last): Evans

13. COLOR OR RACE: W

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): Glen Dive Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Mother

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine death [illegible] March 16/59
[illegible]

20b. MAERNAL CAUSES: Leukemia - Chronic - Lymphatic - Diagnosed - [illegible]

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Missed labor - 1 month

22. STATE ALL OPERATIONS FOR DELIVERY: Medical Termination

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Jean H. Crowington M.D.

23b. DATE SIGNED: 4-21-59

23c. ATTENDANT'S ADDRESS: 1106 Shoshone Ave W Twin Falls

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4/22/59

25c. NAME OF CEMETERY OR CREMATORY: Sunset Mem Park

25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Apr. 23, 1959

REGISTRAR'S SIGNATURE: Lenora O. Forman

FUNERAL DIRECTOR'S SIGNATURE: James C. Reynolds

ADDRESS: Twin Falls, Ida.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 18 1959
Bureau of Vital Statistics

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 049
Local Reg. No. 164
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 306 W. Bannock

3. CHILD'S NAME (Type or Print): Infant Girl HOOVER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 3, 1959

7. FATHER'S NAME: a. (First) b. (Middle) c. (Last)

8. COLOR OR RACE

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) Ida b. (Middle) Mae c. (Last) Hoover

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Boise

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One

17. INFORMANT: Elsie A. Hoover

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11 m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Stewart C. Merrill M.D.

23b. DATE SIGNED: 5-8-59

23c. ATTENDANT'S ADDRESS: 481 N. Orchard Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 5/13/1959

25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-12-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Paul Waggoner

ADDRESS: Boise, Idaho

McBratney-Alden Chapel

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 28 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 050
Local Reg. No. 192
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 421 Iowa

3. CHILD'S NAME (Type or Print): Baby Schneider

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 19 1959

7. FATHER'S NAME: a. (First) Richard b. (Middle) L. c. (Last) Schneider

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Freemont, Ohio

11a. USUAL OCCUPATION: Claims Representative

11b. KIND OF BUSINESS OR INDUSTRY: Insurance

12. MOTHER'S MAIDEN NAME: a. (First) Doris b. (Middle) Irene c. (Last) Covington

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): North Carolina

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Richard L. Schneider

18a. LENGTH OF PREGNANCY: 8 1/2 mo WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 2 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date Nov 58

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine asphyxia

20b. MATERNAL CAUSES: Complete premature separation of placenta c hemorrhage concealed

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Verne Kuyrolz

23b. DATE SIGNED: 5-22-59

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: May 21 1959

25c. NAME OF CEMETERY OR CREMATORY: St. John's

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-25-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Schreiber and Gibson

ADDRESS: Boise

Harold G. Gibson

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 051
Local Reg. No. 214
Reg. Dist. No. 370

RECEIVED
JUN 15 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle
d. STREET ADDRESS (If rural, give location): R. D. #1

3. CHILD'S NAME (Type or Print): BABY BOY RALPHS

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 24, 1959

7. FATHER'S NAME: a. (First) J. b. (Middle) Clifton c. (Last) Ralphs

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Nampa, Idaho

11a. USUAL OCCUPATION: Building Contractor

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Louise b. (Middle) c. (Last) Fivecoat

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Caldwell, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Clifton Ralphs

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date Jan. 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: —

20b. MATERNAL CAUSES: Placenta previa

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Hemorrhage

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Hulme M. D.

23b. DATE SIGNED: 5-26-59

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5/25/59

25c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

25d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 6-4-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: R. Dale McMurray
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 15 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 052
Local Reg. No. 213
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby May Marker

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): May 27, 1959

7. FATHER'S NAME: a. (First) George b. (Middle) Thomas c. (Last) Marker
8. COLOR OR RACE: White

9. AGE (At time of this birth): 46 YEARS
10. BIRTHPLACE (State or foreign country): Emmett, Idaho
11a. USUAL OCCUPATION: Log Scaler
11b. KIND OF BUSINESS OR INDUSTRY: Lumbering

12. MOTHER'S MAIDEN NAME: a. (First) Bernice b. (Middle) May c. (Last) Hulse
13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS
15. BIRTHPLACE (State or foreign country): Flora, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: George Thomas Marker

18a. LENGTH OF PREGNANCY: 30 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Prematurity – Anoxia
20b. MATERNAL CAUSES: Abruption of the Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:
22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James C. Chapman M.D.
23b. DATE SIGNED: May 29, 1959
23c. ATTENDANT'S ADDRESS: 310 Idaho St Boise
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: June 1, 1959
25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Crematory
25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-3-59
REGISTRAR'S SIGNATURE: Myrtle Palmer
26. FUNERAL DIRECTOR: Earl Wraggoner
ADDRESS: Boise, Idaho
McBratney-Alden Chapel

Form DPH-48020

PHS-797(VS) Amended Aug 3, 1959 (1949 Revision of Standard Certificate)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 053
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 570 North Maple

3. CHILD'S NAME (Type or Print): JOSEPH LYNN WEEKS

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 14, 1959

7. FATHER'S NAME
a. (First): Joseph
b. (Middle): Nephi
c. (Last): Weeks

8. COLOR OR RACE:

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country): Burley, Idaho

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Carol
b. (Middle): Lynn
c. (Last): Hansen

13. COLOR OR RACE:

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT:

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intra-uterine pneumonia

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other):

23b. DATE SIGNED:

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: 4-17-59

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

26. FUNERAL DIRECTOR: Allen J. Manning

ADDRESS: 510 North 12th, Pocatello, Idaho

Form DPH-48020

RECEIVED
JUL 30 1959
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 59-053

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Stillbirth (Birth or Death)

for Joseph Lynn Weeks (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1959 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	Joseph Levi Weeks	Joseph Nephi Weeks

Subscribed and sworn to before me this 29 day of July, 1959

Notary Public, residing at Pocatello, Idaho
My commission expires Dec. 24 1962
(Seal)

Signed Allen J. Manning
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

516 No 12th
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of July, 1959

Notary Public, residing at Pocatello Idaho
My commission expires Dec. 24 1962
(Seal)

Signed Pauline Johnson
(Signature of Any Credible Person)

468 North 12th
(Street Address, City, State)

FORM JPH 55. 155 L. 7-22-59 bf

Marriage certificate, #57-8300, on file for

Joseph Nephi Weeks

Birth certificate on file, #De50-406, on file for

Joseph Nephi Weeks

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 1 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 054
Local Reg. No. 93
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Moreland
d. STREET ADDRESS (If rural, give location) Moreland

3. CHILD'S NAME (Type or Print) Infant Girl Serrano

4. SEX: female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) May (Day) 28, (Year) 1959

7. FATHER'S NAME: a. (First) Trinidad b. (Middle) Reyes c. (Last) Serrano
8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 38 YEARS
10. BIRTHPLACE (State or foreign country): Del Rio, Texas
11a. USUAL OCCUPATION: Farm Laborer
11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Maria b. (Middle) DeJesus c. (Last) Almaraz
13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 32 YEARS
15. BIRTHPLACE (State or foreign country): Divine, Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Trinidad Serrano

18a. LENGTH OF PREGNANCY: WEEKS
18b. WEIGHT AT BIRTH: 5 LBS. 4 OZS.
19. Was a standard serological test for syphilis performed? Yes [ ] No [ ]
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Cord around the Neck
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Richard Nixon M.D.
23b. DATE SIGNED 5-28-59
23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: May 28-1959
25c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
25d. LOCATION (City, town, or county): Blackfoot, (State) Idaho

DATE REC'D BY LOCAL REG. May 28-1959
REGISTRAR'S SIGNATURE Mrs Evelyn E. Edwards
26. FUNERAL DIRECTOR Edward Packham
ADDRESS Blackfoot, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUN 8 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 055
Local Reg. No. 108
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus, Idaho
d. STREET ADDRESS (If rural, give location): Box 77

3. CHILD'S NAME (Type or Print): JESUS PEREZ

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 5 (Day) 13 (Year) 59

7. FATHER'S NAME: a. (First) Porfeio b. (Middle) c. (Last) Perez

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country): Texas

11a. USUAL OCCUPATION: Farm Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Same

12. MOTHER'S MAIDEN NAME: a. (First) Francesca b. (Middle) c. (Last) Barhas

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): YEARS

15. BIRTHPLACE (State or foreign country): Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: X Porfirio Perez

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. + OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No.
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Skin macerated at time of birth
20b. MATERNAL CAUSES: Toxemia due to influenza 3rd day

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature labor

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 a.m.

23a. ATTENDANT'S SIGNATURE: S. P. Kellogg (Specify if M.D., midwife, or other): M.D.
23b. DATE SIGNED: 28 May '59
23c. ATTENDANT'S ADDRESS: 1201 S. Kimball Caldwell Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 5/15/59
25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
25d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6-3-59
REGISTRAR'S SIGNATURE: Agnes McLennan

26. FUNERAL DIRECTOR: Flahiff Funeral Chapel
ADDRESS: Chas B. Flahiff

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 056
Local Reg. No. 102
Reg. Dist. No. 36

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HUSTON
d. STREET ADDRESS (If rural, give location): P. O. BOX # 8

3. CHILD'S NAME (Type or Print): SULEMA R. RODRIGUEZ

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH: May 16 59

7. FATHER'S NAME: a. (First) ISIDRO b. (Middle) c. (Last) RODRIGUEZ
8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS
10. BIRTHPLACE (State or foreign country): Texas
11a. USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) SULEMA b. (Middle) c. (Last) RODRIGUEZ
13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS
15. BIRTHPLACE (State or foreign country): Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Sulema R. Rodriguez

18a. LENGTH OF PREGNANCY: 8 WEEKS
18b. WEIGHT AT BIRTH: LBS. 10 OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Tightness of cord around neck thought to have caused asphyxiation
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cord tight about infants neck
22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE: H. Kellogg (Specify if M. D., midwife, or other) M.D.
23b. DATE SIGNED:
23c. ATTENDANT'S ADDRESS: 1201 S. Kimball Caldwell Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: May 18, 1959
25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
25d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-21-59
REGISTRAR'S SIGNATURE: Agnes M Denman
26. FUNERAL DIRECTOR: Flaniff Funeral Chapel
ADDRESS:

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUN 8 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 057
Local Reg. No. 5
Reg. Dist. No. 3.6.2

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 124 Owyhee Street

3. CHILD'S NAME (Type or Print): Richard Laine Gillmore

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): April 17, 1959

7. FATHER'S NAME
a. (First): Byron
b. (Middle):
c. (Last): Gillmore

8. COLOR OR RACE: White

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country): Nampa, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Marilyn
b. (Middle):
c. (Last): McJunkin

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): Nampa, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: X Mrs. E. E. Harmon

18a. LENGTH OF PREGNANCY: 28 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 0 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: 2 mos premature
Breech presentation. Compression of cord

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. L. Dowell MD

23b. DATE SIGNED: 4-22-59

23c. ATTENDANT'S ADDRESS: Nampa Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 4-20-1959

25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

25d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: May 15, 1959

REGISTRAR'S SIGNATURE: Mrs. Jane Steck

26. FUNERAL DIRECTOR: John F. Alsip Jr.

ADDRESS: Nampa

ALSIP FUNERAL CHAPEL 404-10 Ave. So.

Form DPH-48020

E-438
Embalmed by Ross E. Chastain, Jr.
Nampa-4-17-59

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUN 19 1959
Bureau of Vital Statistics

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 058
Local Reg. No. 2
Reg. Dist. No. 52-0-52 1

1. PLACE OF STILLBIRTH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Elmer

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): May 27 1959

7. FATHER'S NAME: a. (First) William b. (Middle) Fletcher c. (Last) Elmer
8. COLOR OR RACE: White
9. AGE (At time of this birth): 21 YEARS
10. BIRTHPLACE (State or foreign country): Altadena California
11a. USUAL OCCUPATION: Air Force
11b. KIND OF BUSINESS OR INDUSTRY: —

12. MOTHER'S MAIDEN NAME: a. (First) Delores b. (Middle) Marie c. (Last) Bu
13. COLOR OR RACE: White
14. AGE (At time of this birth): 20 YEARS
15. BIRTHPLACE (State or foreign country): Georgetown Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Delores Marie Bu

18a. LENGTH OF PREGNANCY: WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Hydro cephalus
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:
22. STATE ALL OPERATIONS FOR DELIVERY: Caesarian Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Allen H. Sigler, M.D.
23b. DATE SIGNED: 6-16-59
23c. ATTENDANT'S ADDRESS:
If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: May 29 1959
25c. NAME OF CEMETERY OR CREMATORY: Georgetown Cemetery
25d. LOCATION (City, town, or county) (State): Georgetown Idaho

DATE REC'D BY LOCAL REG.: 6-16-59
REGISTRAR'S SIGNATURE: Darl Cherrett
26. FUNERAL DIRECTOR: Vile Matthews
ADDRESS: Montpelier Ida

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
MAY 28 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 059
Local Reg. No. 657
Reg. Dist. No. 430

1. PLACE OF STILLBIRTH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 800 Miller Ave.

3. CHILD'S NAME (Type or Print): Infant Carter

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 19, 1959

7. FATHER'S NAME: a. (First) Harry b. (Middle) c. (Last) Carter

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Fredrickburg, Va.

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: ********

12. MOTHER'S MAIDEN NAME: a. (First) Donna b. (Middle) Marie c. (Last) Hienkle

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): West Virginia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Alta Rae Hinkle

18a. LENGTH OF PREGNANCY: 33 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 1-14-59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Fibrosis Placenta and Premature Separation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Placental Separation

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): G. Burcher MD

23b. DATE SIGNED: May 21, 1959

23c. ATTENDANT'S ADDRESS: Burley Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5/22/59

25c. NAME OF CEMETERY OR CREMATORY: Pleasant View

25d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: May 26 1959

REGISTRAR'S SIGNATURE: Doris B. Parr

26. FUNERAL DIRECTOR: J. Garth Sayne

ADDRESS: Burley, Idaho

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 060
Local Reg. No. 25
Reg. Dist. No. 6-4B

1. PLACE OF STILLBIRTH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigby Maternity Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY: Hidalgo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alamo
d. STREET ADDRESS (If rural, give location): X

3. CHILD'S NAME (Type or Print): BABY RODRIGUEZ

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 30, 1959

7. FATHER'S NAME: a. (First) Cruz b. (Middle) B. c. (Last) Rodriguez

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country): Mexico

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: General

12. MOTHER'S MAIDEN NAME: a. (First) Fernanda b. (Middle) c. (Last) Padron

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 8
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: X Cruz Rodriguez

18a. LENGTH OF PREGNANCY WEEKS: 7

18b. WEIGHT AT BIRTH: LBS. 9 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No. X
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Premature Separation of Placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: Podalic Version —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): Eldon Hall, M.D.

23b. DATE SIGNED: 1 June 1959

23c. ATTENDANT'S ADDRESS: Rigby, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1 Jun 1959

25c. NAME OF CEMETERY OR CREMATORY: Pioneer

25d. LOCATION (City, town, or county) (State): Rigby, Idaho

DATE REC'D BY LOCAL REG.: 6/1/59

REGISTRAR'S SIGNATURE: Mrs A B Eckwell

26. FUNERAL DIRECTOR: A B Eckwell

ADDRESS: Rigby, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 22 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 061
Local Reg. No. 25
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Forrest Ray Stanley

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 21, 1959

7. FATHER'S NAME: a. (First) Franklin b. (Middle) Ray c. (Last) Stanley

8. COLOR OR RACE: cauc.

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Driggs, Idaho

11a. USUAL OCCUPATION: Timberman

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Leona b. (Middle) Mae c. (Last) French

13. COLOR OR RACE: cauc.

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Leona Stanley Mother

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 5 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: October, 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MAINTERNAL CAUSES: Cord around neck twice

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): M. F. Rigby MD

23b. DATE SIGNED: 5-23-1959

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify):

25b. DATE:

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 5-23-59

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: Lewis Oliver

ADDRESS: Ashton Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUN 22 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 062
Local Reg. No. 2
Reg. Dist. No. 6 3 0

1. PLACE OF STILLBIRTH

a. COUNTY: Madison

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Jefferson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby

d. STREET ADDRESS (If rural, give location): Rt.

3. CHILD'S NAME (Type or Print): Baby Lords

4. SEX: Male

5a. THIS BIRTH: SINGLE [S] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 28, 1959

7. FATHER'S NAME: a. (First) Arvin b. (Middle) c. (Last) Lords

8. COLOR OR RACE: Cau.

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Lynne c. (Last) Magleby

13. COLOR OR RACE: Cau

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 0

b. How many children were born alive but are now dead? 0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Arvin L. Lords

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Polyhydramnios

20b. MATERNAL CAUSES: Diabetes Mellitus

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): O. D. Thomas, M.D.

23b. DATE SIGNED: 5-29-59

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5/28/59

25c. NAME OF CEMETERY OR CREMATORY: Sutton

25d. LOCATION (City, town, or county) (State): Archer, Madison, Idaho

DATE REC'D BY LOCAL REG.: 5-29-59

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: Kenneth Flamm

ADDRESS: Rexburg, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 063
Local Reg. No. 87
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): rural (about 8 miles)

3. CHILD'S NAME (Type or Print): Baby Mendenhall

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): May 28, 1959

7. FATHER'S NAME: a. (First) Richard b. (Middle) Everett c. (Last) Mendenhall

8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): Lead City, South Dakota

11a. USUAL OCCUPATION: logger

11b. KIND OF BUSINESS OR INDUSTRY: lumbering

12. MOTHER'S MAIDEN NAME: a. (First) Clara b. (Middle) Lucille c. (Last) Campbell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 41 YEARS

15. BIRTHPLACE (State or foreign country): Kamiah, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 13
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Richard Mendenhall, H.B.

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 7 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date April, 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Prematurity, Anoxemia
20b. MATERNAL CAUSES: Prolapse of Cord

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45 AM.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Peters MD
23b. DATE SIGNED: 5/31/59
23c. ATTENDANT'S ADDRESS: Lewiston, Ida.
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): removal burial
25b. DATE: 6/2/59
25c. NAME OF CEMETERY OR CREMATORY: Pine View
25d. LOCATION (City, town, or county): Kamiah, (State) Idaho

DATE REC'D BY LOCAL REG.: 6/4/59
REGISTRAR'S SIGNATURE: Cora Kinzer
26. FUNERAL DIRECTOR: K.H. Malcom
ADDRESS: Lewiston, Idaho

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 064
Local Reg. No. 139
Reg. Dist. No. 46

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Hoover Trailer Court

3. CHILD'S NAME (Type or Print): Grimm

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 5 - 7 - 59

7. FATHER'S NAME
a. (First): William
b. (Middle): Lee
c. (Last): Grimm

8. COLOR OR RACE: white

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Service

11b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

12. MOTHER'S MAIDEN NAME
a. (First): Donna
b. (Middle): Marie
c. (Last): Campbell

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 14½ OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Immature Birth

20b. MATERNAL CAUSES: Premature Rupture Membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ---------- m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Douglas Pehan MD

23b. DATE SIGNED: 5-9-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 5/11/59

25c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

25d. LOCATION (City, town, or county): Twin Falls (State): Idaho

DATE REC'D BY LOCAL REG.: May 9, 1959

REGISTRAR'S SIGNATURE: Jenora E. Jorman

26. FUNERAL DIRECTOR: Willard Casper

ADDRESS: Twin Falls, Idaho

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 065
Local Reg. No.
Reg. Dist. No. 10

1. PLACE OF STILLBIRTH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 446 3rd Ave East

3. CHILD'S NAME (Type or Print) Tennant

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) 5 (Day) 23 (Year) 59

7. FATHER'S NAME: a. (First) Howard b. (Middle) James c. (Last) Tennant
8. COLOR OR RACE: White
9. AGE (At time of this birth): 21 YEARS
10. BIRTHPLACE (State or foreign country): Nebraska
11a. USUAL OCCUPATION: U.S. Government
11b. KIND OF BUSINESS OR INDUSTRY: Marine

12. MOTHER'S MAIDEN NAME: a. (First) Lois b. (Middle) Joan c. (Last) Fetzer
13. COLOR OR RACE: White
14. AGE (At time of this birth): 18 YEARS
15. BIRTHPLACE (State or foreign country): Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Taken from Mothers Chart

18a. LENGTH OF PREGNANCY WEEKS
18b. WEIGHT AT BIRTH: 2 LBS. 5¼ OZS.
19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Premature delivery - Antepartum death.
20b. MATERNAL CAUSES: Pre eclamptic Toxemia of Pregnancy
Premature Separation of Placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Edward T Reis MD
23b. DATE SIGNED 5-23-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): 5/28/59
25b. DATE
25c. NAME OF CEMETERY OR CREMATORY: Magic Valley Mem. Hospital (Cremated)
25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG. June 2, 1959
REGISTRAR'S SIGNATURE Senora C Forman
26. FUNERAL DIRECTOR: J. Warburton Reed, MD
ADDRESS

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 067
Local Reg. No. 734
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1410 East Bannock

3. CHILD'S NAME (Type or Print): BABY BOY ALVORD

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 6, 1959

7. FATHER'S NAME: a. (First) D. b. (Middle) F. c. (Last) ALVORD

8. COLOR OR RACE: white

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country): Ogden, Utah

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) SANDRA b. (Middle) c. (Last) GORDON

13. COLOR OR RACE: white

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Sandra Alvord

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known

20b. MATERNAL CAUSES: Not known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Max R. Gudmundsen MD

23b. DATE SIGNED: 6-18-59

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 6/12/59

25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-23-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Lucille Bennett

ADDRESS: Boise, Idaho

RELYEAMORTUARY

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 067
Local Reg. No. 231
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2801 Woodlawn Street

3. CHILD'S NAME (Type or Print): BABY BOY DOUGLAS

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 15, 1959

7. FATHER'S NAME
a. (First): Perry
b. (Middle): R.
c. (Last): Douglas

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Harper, Oregon

11a. USUAL OCCUPATION: Contractor

11b. KIND OF BUSINESS OR INDUSTRY: Logging

12. MOTHER'S MAIDEN NAME
a. (First): Stella
b. (Middle): L.
c. (Last): Youch

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Perry R. Douglas

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown.

20b. MATERNAL CAUSES: none.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: 0

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R. B. Patterson M.D.

23b. DATE SIGNED: 6-17-59

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/16/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-20-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Allen McMurtrey
SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUL 7 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 068
Local Reg. No. 116
Reg. Dist. No. 6 a a

1. PLACE OF STILLBIRTH a. COUNTY: Bingham	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) June (Day) 29 (Year) 1959

7. FATHER'S NAME a. (First) Clifton b. (Middle) Alvin c. (Last) Smith

8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): Cedron, Idaho

11a. USUAL OCCUPATION: Chef

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME a. (First) Clara b. (Middle) E. c. (Last) Wheeler

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): Riverton, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
Seven	None	None

17. INFORMANT: Clara E. Smith Mother

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes ....X.... No .....
Approximate date June

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Placenta Previa

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard Nixon MD

23b. DATE SIGNED: July 1, 1959

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: June 29, 1959

25c. NAME OF CEMETERY OR CREMATORY: Bingham Memorial Hsp

25d. LOCATION (City, town, or county): Blackfoot (State): Ida

DATE REC'D BY LOCAL REG.: July 5 - 1959

REGISTRAR'S SIGNATURE: Mrs Hales E. Valentine

26. FUNERAL DIRECTOR: Earl Nestor

ADDRESS: Blackfoot Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 069
Local Reg. No. 18
Reg. Dist. No. 4-10

1. PLACE OF STILLBIRTH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hailey Clinical

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 113 Bullion

3. CHILD'S NAME (Type or Print): Brent ~~[illegible]~~ Gelskey

4. SEX: M
5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): June 15 1959

7. FATHER'S NAME: a. (First) Donald b. (Middle) Burrell c. (Last) Gelskey
8. COLOR OR RACE: White

9. AGE (At time of this birth): 20 YEARS
10. BIRTHPLACE (State or foreign country): Idaho
11a. USUAL OCCUPATION: Truck Driver
11b. KIND OF BUSINESS OR INDUSTRY: Trucking

12. MOTHER'S MAIDEN NAME: a. (First) Lois b. (Middle) Arlene c. (Last) Judy
13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS
15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Donald B Gelskey

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: 5 LBS. 2 OZS.
19. Was a standard serological test for syphilis performed? Yes. X No.
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Undetermined
20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: Medical Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:15 A m.

23a. ATTENDANT'S SIGNATURE: [illegible] MD
(Specify if M. D., midwife, or other)
23b. DATE SIGNED: 23 June 59
23c. ATTENDANT'S ADDRESS: Hailey, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: June 16, 1959
25c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
25d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: June 28-59
REGISTRAR'S SIGNATURE: Robert H. Wright - per [illegible] CBW
26. FUNERAL DIRECTOR: Jim M. Goldwick
ADDRESS: Hailey, Idaho

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FEDERAL SECURITY AGENCY
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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 070
Local Reg. No. 149
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Jefferson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lorenzo

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Stillborn Baby Smithies

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 12, 1959

7. FATHER'S NAME: a. (First) Dayle b. (Middle) c. (Last) Smithies

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Truck driver

11b. KIND OF BUSINESS OR INDUSTRY: Trucking

12. MOTHER'S MAIDEN NAME: a. (First) Barbara b. (Middle) c. (Last) Holverson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 2

b. How many children were born alive but are now dead? 1

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: X Barbara Smithies

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Fetal Hydrops

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Fetal Hydrops

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: [illegible]

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 6/27/59

25c. NAME OF CEMETERY OR CREMATORY: LDS Hospital

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: July 14-1959

REGISTRAR'S SIGNATURE: Verna Budge

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: Idaho Falls, Idaho

Form DPH-48020

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 071
Local Reg. No. 141
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bonneville	a. STATE: Idaho b. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital	d. STREET ADDRESS (If rural, give location): 142 N. Ridge Avenue

3. CHILD'S NAME (Type or Print): CONNIE LYNN SMITH

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: June 12 1959

7. FATHER'S NAME: a. (First) Richard b. (Middle) L. c. (Last) Smith

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Engineering Aide

11b. KIND OF BUSINESS OR INDUSTRY: Soil Conservation

12. MOTHER'S MAIDEN NAME: a. (First) Helen b. (Middle) L. c. (Last) Boschart

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 1

b. How many children were born alive but are now dead? 0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Richard L. Smith

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 1 OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Occlusion of umbilical cord (knot)

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:54 P.M.*m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Irvine S. Bills, M. D.

23b. DATE SIGNED: 6/27/59

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 15, 1959

25c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

25d. LOCATION (City, town, or county): Bonneville County (State): Idaho

DATE REC'D BY LOCAL REG.: July 7-1959

REGISTRAR'S SIGNATURE: Anna Budge

26. FUNERAL DIRECTOR: Orland C. Beck

ADDRESS: Idaho Falls Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 072
Local Reg. No. 145
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Lemons

4. SEX

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 27, 1959

7. FATHER'S NAME a. (First): Jack b. (Middle): Harvey c. (Last): Lemons

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Anadarko - Okla.

11a. USUAL OCCUPATION: Laborer.

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME a. (First): Helen b. (Middle): Faye c. (Last): Bryson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Norman - Oklahoma

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Jack Harvey Lemons

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Erwine S. Bills M.D.

23b. DATE SIGNED: 7/2/59

23c. ATTENDANT'S ADDRESS: Idaho Falls, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial -

25b. DATE: June 29, 1959.

25c. NAME OF CEMETERY OR CREMATORY: Rose hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 7-1959

REGISTRAR'S SIGNATURE: Emma Budger

26. FUNERAL DIRECTOR: Jack Hillcoens

ADDRESS: Idaho Falls

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 073
Local Reg. No. 118
Reg. Dist. No. 3-60

1. PLACE OF STILLBIRTH a. COUNTY: Canyon	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital	d. STREET ADDRESS (If rural, give location): RFD 3 Parma Idaho

3. CHILD'S NAME (Type or Print): Neil M Stoker

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
M	SINGLE [*] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	6-11-1959

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Jesse	G	Stoker	W

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Utah	Farming	Farm

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Audry		Mecham	W

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
26 YEARS	Idaho	3	0	0

17. INFORMANT: Jesse G Stoker

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
25 WEEKS	LBS. OZS.	Stillbirth

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity & suffocation due to
20b. MAERNAL CAUSES: Montaneous rupture of uterus

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Rupture of Uterus

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 6-13-59

23c. ATTENDANT'S ADDRESS: [illegible]

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	6-15-1959	Owyhee	Malheur County Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
6-16-59	Agnes M Denman	[illegible]	Nyssa Oregon

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 29 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 074
Local Reg. No. 35
Reg. Dist. No. 380/391

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AIR FORCE BASE, IDAHO
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENNS FERRY, IDAHO
d. STREET ADDRESS (If rural, give location): BOX 622

3. CHILD'S NAME (Type or Print): TAMARA ANN YOUNG

4. SEX: FEMALE
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH: (Month) JUNE (Day) 21 (Year) 1959

7. FATHER'S NAME: a. (First) JAMES b. (Middle) c. (Last) YOUNG
8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 28 YEARS
10. BIRTHPLACE (State or foreign country): ONEONTA, ALABAMA
11a. USUAL OCCUPATION: USAF
11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME: a. (First) MARY b. (Middle) LEE c. (Last) DILL
13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 23 YEARS
15. BIRTHPLACE (State or foreign country): EMMETT, IDAHO
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? ONE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT: Homer Young (Father)

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: 6 LBS. 9 OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: 19 NOVEMBER 1958

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: TORSION OF UMBILICAL CORD.
20b. MATERNAL CAUSES: NONE

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: CONTINUOUS THREATENED ABORTION
22. STATE ALL OPERATIONS FOR DELIVERY: NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ P. m.

23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other): Don E. Miller, M.D.
23b. DATE SIGNED: 22 JUNE 1959
23c. ATTENDANT'S ADDRESS: USAF HOSP. MHAFB, IDAHO
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
25b. DATE: 6-25-59
25c. NAME OF CEMETERY OR CREMATORY: Sweet Cemetery
25d. LOCATION (City, town, or county) (State): Emmett, Gem, Idaho

DATE REC'D BY LOCAL REG.: Jun 24 1959
REGISTRAR'S SIGNATURE: [illegible] Anderson
26. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Bey Mortuary, Mt. Home, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUL 22 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 075
Local Reg. No. 38
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. CHILD'S NAME (Type or Print): Baby Boy Warburton

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): JUNE 23, 1959

7. FATHER'S NAME: a. (First) ROBERT b. (Middle) A. c. (Last) WARBURTON

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): WYOMING

11a. USUAL OCCUPATION: Bartender

11b. KIND OF BUSINESS OR INDUSTRY: Night club

12. MOTHER'S MAIDEN NAME: a. (First) JUNE b. (Middle) ARLEEN c. (Last) THOMAS

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Robert A. Warburton

18a. LENGTH OF PREGNANCY: 41 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 8 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date: March 31, 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ward A. Ruby M.D.

23b. DATE SIGNED: June 26, 1959

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/30/59

25c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

25d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: June 30 1959

REGISTRAR'S SIGNATURE: L. Anderson

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: Bey Mortuary, Mountain Home, Ida.

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 076
Local Reg. No. 36
Reg. Dist. No. 380-391

RECEIVED
JUN 29 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE, IDAHO
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): 281 BENNETT PARK

3. CHILD'S NAME (Type or Print): DAVID PAUL CAVAN

4. SEX: MALE
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): JUNE 23 1959

7. FATHER'S NAME: a. (First) NORMAN b. (Middle) JOHN c. (Last) CAVAN
8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 32 YEARS
10. BIRTHPLACE (State or foreign country): NIAGRA FALLS, NEW YORK
11a. USUAL OCCUPATION: USAF
11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME: a. (First) MYRTLE b. (Middle) MAE c. (Last) STOUT
13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 29 YEARS
15. BIRTHPLACE (State or foreign country): CHESTER, ARKANSAS

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? ONE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT: Norman J. Cavan

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: 7 LBS. 11 OZS.
19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 3 DECEMBER 1958

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: TORSION OF UMBILICAL CORD AROUND INFANTS NECK.
20b. MATERNAL CAUSES: HAND PRESENTATION WITH SUBSEQUENT FETAL DISTRESS.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: HAND PRESENTATION
22. STATE ALL OPERATIONS FOR DELIVERY: CESARIAN SECTION

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Mcgaugland, MD
23b. DATE SIGNED: 23 JUNE 1959
23c. ATTENDANT'S ADDRESS: USAF HOSP. MHAFB, IDA
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
25b. DATE: 6-25-59
25c. NAME OF CEMETERY OR CREMATORY: MT. VIEW CEMETERY
25d. LOCATION (City, town, or county) (State): MOUNTAIN HOME, IDAHO

DATE REC'D BY LOCAL REG: June 24 1959
REGISTRAR'S SIGNATURE: C. Anderson
26. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: BEY MORTUARY MT. HOME, IDAHO

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 077
Local Reg. No. 44
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 255 No. 2nd West

3. CHILD'S NAME (Type or Print): STEVE ROBERGE

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 27, 1959

7. FATHER'S NAME: a. (First) George b. (Middle) I. c. (Last) Roberge

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Plattsburg, New York

11a. USUAL OCCUPATION: A 1/C USAF

11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME: a. (First) Norma b. (Middle) Jean c. (Last) Keagle

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): LaGrande, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mrs. Norma J. Roberge

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: April 28, 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Torsion of Cord.
20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:32 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Joseph W. Davis M.D.
23b. DATE SIGNED: 7/6/59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 7/2/59
25c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
25d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: July 6 1959
REGISTRAR'S SIGNATURE: A. Anderson
26. FUNERAL DIRECTOR: Arthur Smith
ADDRESS: Bey Mortuary, Mtn. Home, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 078
Local Reg. No. 707
Reg. Dist. No. 440

1. PLACE OF STILLBIRTH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Saras

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 3 1959

7. FATHER'S NAME: a. (First) Raymond b. (Middle) c. (Last) Saras

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Hailey, Idaho

11a. USUAL OCCUPATION: Teaching

11b. KIND OF BUSINESS OR INDUSTRY: High School

12. MOTHER'S MAIDEN NAME: a. (First) Teresa b. (Middle) B. c. (Last) Berriochea

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Shoshone, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Teresa B. Saras

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. -- OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: Partial placenta Separation

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none - Bebe dead for 2 months before delivery

22. STATE ALL OPERATIONS FOR DELIVERY: Breech extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:15 *a.m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 6-5-59

23c. ATTENDANT'S ADDRESS: Shoshone, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 3, 1959

25c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

25d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: June 3 - 59

REGISTRAR'S SIGNATURE: Lyndal Lowe

26. FUNERAL DIRECTOR: Harry V. Crippen

ADDRESS:

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 6079
Local Reg. No. 6
Reg. Dist. No. 200

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1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location): Rt. 2, Genesee

3. CHILD'S NAME (Type or Print): Joseph Broemmeling

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 2, 1959

7. FATHER'S NAME: a. (First) William b. (Middle) c. (Last) Broemmeling

8. COLOR OR RACE: White

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country): Moscow, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Janet b. (Middle) c. (Last) Morsett

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country): Spokane, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Wm D Broemmeling

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: 9 LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord strangulated around neck

20b. MATERNAL CAUSES: -------

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Doyle M Loeber MD

23b. DATE SIGNED: 6/3/59

23c. ATTENDANT'S ADDRESS: Moscow Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/2/59

25c. NAME OF CEMETERY OR CREMATORY: Genesee Catholic

25d. LOCATION (City, town, or county) (State): Genesee, Idaho

DATE REC'D BY LOCAL REG.: 6/11/59

REGISTRAR'S SIGNATURE: Lois E. Skoog

26. FUNERAL DIRECTOR: E. Thal

ADDRESS: Moscow, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 080
Local Reg. No. 690
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Girl Wilcox

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 7, 1959

7. FATHER'S NAME: a. (First) Earl b. (Middle) c. (Last) Wilcox

8. COLOR OR RACE: white

9. AGE (At time of this birth): 53 YEARS

10. BIRTHPLACE (State or foreign country): Jackson, Wyoming

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Maggie b. (Middle) c. (Last) Wagaman

13. COLOR OR RACE: white

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Reagan, N. Dak.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Earl Wilcox

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date 12-12-58

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Placental insufficiency

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Roy H. Sundin MD

23b. DATE SIGNED: 6-8-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6-9-59

25c. NAME OF CEMETERY OR CREMATORY: Salmon

25d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG. 6-12-59

REGISTRAR'S SIGNATURE: Viola E. Johnson

26. FUNERAL DIRECTOR: Delbert C. Jones

ADDRESS: Salmon, Idaho

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CERTIFICATE OF STILLBIRTH

State of Idaho

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State File No. 081
Local Reg. No. 44
Reg. Dist. No. 45-0

1. PLACE OF STILLBIRTH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilson Labor Camp Rupert Idaho
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Infant boy Sampson

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) June 23 1959

7. FATHER'S NAME a. (First) Curley b. (Middle) c. (Last) Sampson

8. COLOR OR RACE Navaho Indian

9. AGE (At time of this birth) 32 YEARS

10. BIRTHPLACE (State or foreign country) New Mexico

11a. USUAL OCCUPATION Farm Laborer

11b. KIND OF BUSINESS OR INDUSTRY Agriculture

12. MOTHER'S MAIDEN NAME a. (First) Marietta b. (Middle) c. (Last)

13. COLOR OR RACE Navaho Indian

14. AGE (At time of this birth) 30 YEARS

15. BIRTHPLACE (State or foreign country) New Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Eight
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT

18a. LENGTH OF PREGNANCY 21 WEEKS

18b. WEIGHT AT BIRTH 5 LBS. 7 OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Not known

20b. MATERNAL CAUSES Not known

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
Baby born on arrival to Hospital

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE June 24 1959

25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

25d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 6-25-59

REGISTRAR'S SIGNATURE Mary Ellen Carlson

26. FUNERAL DIRECTOR Robert C Walk

ADDRESS Rupert Idaho

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 082
Local Reg. No. 13
Reg. Dist. No. 520

1. PLACE OF STILLBIRTH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 45 Bush Avenue.

3. CHILD'S NAME (Type or Print): Infant Girl Jones

4. SEX: Fe.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 11, 1959

7. FATHER'S NAME: a. (First) SHELDON b. (Middle) BRIGHAM c. (Last) JONES

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Malad, Idaho

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Geraldine b. (Middle) Elizabeth c. (Last) Fritzley

13. COLOR OR RACE: white

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Lewiston, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Sheldon B. Jones

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: Approx. 1 lb. LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None — baby had been dead Approx 2 mos.

20b. MATERNAL CAUSES: Diabetes Mellitus, severe "Juvenile-Br. Hle" type

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: uncontrollable diabetes despite hospitalization

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:45 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Joseph T. Morley M.D.

23b. DATE SIGNED: 6/22/59

23c. ATTENDANT'S ADDRESS: Malad, Idaho

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/11/59

25c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery

25d. LOCATION (City, town, or county) (State): ~~Malad~~, Idaho

DATE REC'D BY LOCAL REG.: June 24-59

REGISTRAR'S SIGNATURE: J. Terry Benson

26. FUNERAL DIRECTOR: Leland G. Benson

ADDRESS: Malad, Idaho

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PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 083
Local Reg. No. 52
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 112 Elm

3. CHILD'S NAME (Type or Print): MARY HENDRICKX

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 19, 1959

7. FATHER'S NAME
a. (First): Leonard
b. (Middle):
c. (Last): Hendrickx

8. COLOR OR RACE: White

9. AGE (At time of this birth): 47 YEARS

10. BIRTHPLACE (State or foreign country): Snohomish, Washington

11a. USUAL OCCUPATION: Merchant

11b. KIND OF BUSINESS OR INDUSTRY: Appliance

12. MOTHER'S MAIDEN NAME
a. (First): Martha
b. (Middle):
c. (Last): Larson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country): Rathdrum, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Leonard Hendrickx

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: [illegible]

20b. MATERNAL CAUSES: [illegible]

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: [illegible]

22. STATE ALL OPERATIONS FOR DELIVERY: [illegible]

I hereby certify that I attended the birth of this child who was born dead on the date stated above at [illegible] *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible]

23b. DATE SIGNED: 6-20-59

23c. ATTENDANT'S ADDRESS: [illegible]

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 20 1959

25c. NAME OF CEMETERY OR CREMATORY: Greenwood

25d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 7-1-59

REGISTRAR'S SIGNATURE: Joe Irvine

26. FUNERAL DIRECTOR: Gaston & Glad

ADDRESS: Kellogg Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUN 15 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 984
Local Reg. No. 1924
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hunt Township
d. STREET ADDRESS (If rural, give location): Box 23

3. CHILD'S NAME (Type or Print): Pullman, Baby Girl ~~Ernest~~ Julie

4. SEX: Female

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) June (Day) 7 (Year) 1959

7. FATHER'S NAME
a. (First): George
b. (Middle): Ernest
c. (Last): Pullman

8. COLOR OR RACE: White.

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): Colorado

11a. USUAL OCCUPATION: Sausage Maker Helper

11b. KIND OF BUSINESS OR INDUSTRY: Meat Packing Co.

12. MOTHER'S MAIDEN NAME
a. (First): Lucy
b. (Middle): Ann
c. (Last): Kidd

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Milner, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 6
b. How many children were born alive but are now dead?: 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT: Mother

18a. LENGTH OF PREGNANCY: term WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 10 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: June 6-1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Concealed Prolapsed Cord.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: RH Neg –

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 6/7/59

23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 6/8/59

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: June 8, 1959

REGISTRAR'S SIGNATURE: Jenoral D. Forman

26. FUNERAL DIRECTOR: Reynolds Funeral Home-Twin Falls, Idaho
ADDRESS: Jasper C. Reynolds
E-279

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PUBLIC HEALTH SERVICE

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JUL 14 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 085
Local Reg. No. 256
Reg. Dist. No. 270

1. PLACE OF STILLBIRTH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 719 Highland Street

3. CHILD'S NAME (Type or Print): BABY GIRL CARSON

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 3, 1959

7. FATHER'S NAME: a. (First) George b. (Middle) T. c. (Last) Carson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 50 YEARS

10. BIRTHPLACE (State or foreign country): Albuquerque, N. M.

11a. USUAL OCCUPATION: Heavy Equipment

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Martha b. (Middle) Alice c. (Last) Natchtreib

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country): Buena Vista, Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living? 4

b. How many children were born alive but are now dead? 2

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Geo. T. Carson.

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis of lungs

20b. MATERNAL CAUSES: Abruptio placentae.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Breech extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Hulme, M.D.

23b. DATE SIGNED: 7-6-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/3/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-8-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Robert Murphey ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

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PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 086
Local Reg. No. 274
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Placerville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): ALEXANDER HALL MCKENZIE

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 13, 1959

7. FATHER'S NAME: a. (First) Carl b. (Middle) A, c. (Last) McKenzie

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Boise, Idaho

11a. USUAL OCCUPATION: Law enforcement

11b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

12. MOTHER'S MAIDEN NAME: a. (First) Cynthia b. (Middle) c. (Last) Hall

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Elkins, West Virginia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Carl A. McKenzie

18a. LENGTH OF PREGNANCY: 43 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Prolapsed Cord
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prolonged Labor

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other): Max W. Hudmondson MD
23b. DATE SIGNED: 7-15 59
23c. ATTENDANT'S ADDRESS: Boise Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 7/15/59
25c. NAME OF CEMETERY OR CREMATORY: Placerville
25d. LOCATION (City, town, or county) (State): Placerville, Idaho

DATE REC'D BY LOCAL REG.: 7-24-59
REGISTRAR'S SIGNATURE: Myrtle Palmer
26. FUNERAL DIRECTOR: Summers Funeral Home
ADDRESS: Boise, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 087
Local Reg. No. 299
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Box 535

3. CHILD'S NAME (Type or Print): INFANT DAUGHTER ALYK

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 31, 1959

7. FATHER'S NAME: a. (First) GEORGE b. (Middle) JOSEPH c. (Last) ALYK

8. COLOR OR RACE: white

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Holyoke, Mass.

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Electronics

12. MOTHER'S MAIDEN NAME: a. (First) THELMA b. (Middle) RAE c. (Last) WINKS

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Burley, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: x George J. Alyk

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: ~~Prematurity~~ Unknown

20b. MATERNAL CAUSES

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Howard T. Merrill MD

23b. DATE SIGNED: 8-15-59

23c. ATTENDANT'S ADDRESS: Boise Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 8/4/59

25c. NAME OF CEMETERY OR CREMATORY: Mtn. View Memorial

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 8-19-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: Boise, Idaho

RELYEA MORTUARY

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUL 28 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 088
Local Reg. No. 160
Reg. Dist. No. 371

1. PLACE OF STILLBIRTH a. COUNTY: Ada	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: California b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route #1, Boise	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hawthorne
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Infant girl Snow

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	July 19, 1959

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Ralph		Snow	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
36 YEARS	Laman, Colorado		

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Lola	May	Hunter	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
28 YEARS	Cary, Idaho	3	0	0

17. INFORMANT: Jan M. Alden

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19 Was a standard serological test for syphilis performed? Yes..... No. X
WEEKS	4 LBS. 8 OZS.	Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Born dead & had been 3 to 5 days

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other):

23b. DATE SIGNED: 7-20-59

23c. ATTENDANT'S ADDRESS:

If NOT attended by physician — 24. SIGNATURE OF AUTHORIZED OFFICIAL: L. Paul Conner — TITLE:

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Burial	July 21, 1959	Dry Creek Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
7-22-59	Myrtle Palmer	A. E. Alden	Boise, Idaho

McBratney-Alden Chapel

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 089
Local Reg. No. 33
Reg. Dist. No. 510

RECEIVED
JUL 29 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1056 No. Buchanan

3. CHILD'S NAME (Type or Print)

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 7 (Day) 14 (Year) 59

7. FATHER'S NAME: a. (First) b. (Middle) c. (Last)

8. COLOR OR RACE

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country)

11a. USUAL OCCUPATION

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME: a. (First) Elma b. (Middle) c. (Last) Tanner

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Elma Tanner

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus. bilateral club feet.

20b. MATERNAL CAUSES: Obesity (extreme) & pre-eclampsia

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John R. McMahon M.D.

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS: Pocatello

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/16/59

25c. NAME OF CEMETERY OR CREMATORY: Mountain View

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: JUL 27 1959

REGISTRAR'S SIGNATURE: Nancy Dellen

26. FUNERAL DIRECTOR: Rolland G. Reiser

ADDRESS: Pocatello, Ida.

Form DPH-48020

New Name

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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AUG 3 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 090
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bear Lake Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby girl Stewart

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 15, 1959

7. FATHER'S NAME
a. (First): Noel
b. (Middle): Dean
c. (Last): Stewart

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Montpelier, Idaho

11a. USUAL OCCUPATION: Combination man

11b. KIND OF BUSINESS OR INDUSTRY: Mountain States Telephone

12. MOTHER'S MAIDEN NAME
a. (First): DaLa
b. (Middle): Ruth
c. (Last): Aland

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Montpelier, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: DaLa Stewart

18a. LENGTH OF PREGNANCY: 27 WEEKS

18b. WEIGHT AT BIRTH: ? LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Gross malformations

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Paul A. Haines M.D.

23b. DATE SIGNED: 7-28-59

23c. ATTENDANT'S ADDRESS: Montpelier Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Buried

25b. DATE: 7/18/59

25c. NAME OF CEMETERY OR CREMATORY: Montpelier C.

25d. LOCATION (City, town, or county) (State): Montpelier Ida

DATE REC'D BY LOCAL REG.: 1/29/59

REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR: Nels Matthews

ADDRESS: Montpelier

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUL 27 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 091
Local Reg. No. 5-B
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Box 237

3. CHILD'S NAME (Type or Print): Baby Boy Chambers

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 18, 1959

7. FATHER'S NAME: a. (First) Calvin b. (Middle) Jackson c. (Last) Chambers

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Edgemond, Arkansas

11a. USUAL OCCUPATION: Sawyer

11b. KIND OF BUSINESS OR INDUSTRY: Logging

12. MOTHER'S MAIDEN NAME: a. (First) Shirley b. (Middle) Ann c. (Last) Harper

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Wilmar, Arkansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: C. J. Chambers, Father

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 2 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxia

20b. MATERNAL CAUSES: Marginal Placenta & hemorrhage & Shock

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Marginal Placenta

22. STATE ALL OPERATIONS FOR DELIVERY: C-section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:23 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. D. Thurston MD

23b. DATE SIGNED: 7-21-59

23c. ATTENDANT'S ADDRESS: St Maries Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Buried

25b. DATE: July 22, 1959

25c. NAME OF CEMETERY OR CREMATORY: Woodlawn

25d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 7-24-59

REGISTRAR'S SIGNATURE: Beatrice R. Mitchell

26. FUNERAL DIRECTOR: Gerald Browning

ADDRESS: St Maries Idaho

Form DPH-48020

Hy Pn Packer

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JUL 28 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 092
Local Reg. No. 78
Reg. Dist. No. 60a

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY: Cameron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harlingen
d. STREET ADDRESS (If rural, give location): 208 West Tyler

3. CHILD'S NAME (Type or Print): Francisco Patino Jr.

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 18, 1959

7. FATHER'S NAME: a. (First) Francisco b. (Middle) c. (Last) Patino

8. COLOR OR RACE: Mexican

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Harlingen, Texas

11a. USUAL OCCUPATION: Farming-laborer

11b. KIND OF BUSINESS OR INDUSTRY: Agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Guadalupe b. (Middle) c. (Last) Menchaca

13. COLOR OR RACE: Mexican

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Harlingen, Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Francisco Patino Rt.2, Blackfoot Idaho

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 9 LBS. 14 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ..... Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: Undetermined

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None.

22. STATE ALL OPERATIONS FOR DELIVERY: Forceps

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph B. Coates M. D.

23b. DATE SIGNED: July 21, 1959

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 19, 1959

25c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery

25d. LOCATION (City, town, or county) (State): Moreland, Idaho.

DATE REC'D BY LOCAL REG: July 21 1959

REGISTRAR'S SIGNATURE: Mrs Evalen E. Cary

26. FUNERAL DIRECTOR: John C. Sandberg.

ADDRESS: Blackfoot, Idaho

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 093
Local Reg. No. 168
Reg. Dist. No. 6.1.D.

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Robert Navar Thayne

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 16, 1959

7. FATHER'S NAME: a. (First) Gerald b. (Middle) N. c. (Last) Thayne

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Utah

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Reena b. (Middle) c. (Last) Withers

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Gerald N. Thayne

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Stillborn (cord tight around neck x 2 ")

20b. MATERNAL CAUSES: Cephalopelvic disproportion

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22 STATE ALL OPERATIONS FOR DELIVERY: Cesarean section.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Wendell Petty, M.D.

23b. DATE SIGNED: 7-28-59

23c. ATTENDANT'S ADDRESS: Shelley, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial & Removal

25b. DATE: 7/20/59

25c. NAME OF CEMETERY OR CREMATORY: Cresent-Memorial Valley

25d. LOCATION (City, town, or county) (State): Cresent, Utah

DATE REC'D BY LOCAL REG.: Aug. 1-1959

REGISTRAR'S SIGNATURE: Emma Bradley

26. FUNERAL DIRECTOR: Jack A. Wood, Jr.

ADDRESS: Idaho Falls, Idaho

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4-48
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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 094
Local Reg. No. 36-59
Reg. Dist. No. 100

1. PLACE OF STILLBIRTH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): ——

3. CHILD'S NAME (Type or Print): Infant Boy BERG

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 27, 1959

7. FATHER'S NAME: a. (First) Karl b. (Middle) —— c. (Last) Berg

8. COLOR OR RACE: White

9. AGE (At time of this birth): 54 YEARS

10. BIRTHPLACE (State or foreign country): Germany

11a. USUAL OCCUPATION: Manager

11b. KIND OF BUSINESS OR INDUSTRY: Grocery Business

12. MOTHER'S MAIDEN NAME: a. (First) Flossie b. (Middle) —— c. (Last) Bocook

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Two
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Karl R Berg

18a. LENGTH OF PREGNANCY: 41 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes X No ____
Approximate date: Dec 1958

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapse cord, possible compression

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Transverse arrest

22. STATE ALL OPERATIONS FOR DELIVERY: Version and extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:21 p. m.

23a. ATTENDANT'S SIGNATURE: F J Crane (Specify if M. D., midwife, or other) MD

23b. DATE SIGNED: 8-3-59

23c. ATTENDANT'S ADDRESS: Bonners Ferry, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 29, 1959

25c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

25d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: Aug. 5, 1959

REGISTRAR'S SIGNATURE: Veryla Stone

26. FUNERAL DIRECTOR: Don C. Bailey

ADDRESS: Bonners Ferry, Idaho

Hillcrest Memorial Chapel

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dr's office

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Big Injun Trailer Court

3. CHILD'S NAME (Type or Print): Clifford Danial Anderson

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 13, 1959

7. FATHER'S NAME: a. (First) Garry b. (Middle) C. c. (Last) Anderson

8. COLOR OR RACE: white

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Riverton, Idaho

11a. USUAL OCCUPATION: night foreman

11b. KIND OF BUSINESS OR INDUSTRY: Purina Mills

12. MOTHER'S MAIDEN NAME: a. (First) Nyla b. (Middle) Rae c. (Last) Jones

13. COLOR OR RACE: white

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Nyla Anderson - mother

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 14 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 6/13/59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none demonstrable

20b. MATERNAL CAUSES: premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:15 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J Kearns MD

23b. DATE SIGNED: 8/17/59

23c. ATTENDANT'S ADDRESS: Arco, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: June 14-1959

25c. NAME OF CEMETERY OR CREMATORY: Willowcrest Cemetery

25d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: Aug. 17-1959

REGISTRAR'S SIGNATURE: Beth [illegible] Marne

26. FUNERAL DIRECTOR: W. S. Marne

ADDRESS: Arco, Ida

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Division of Vital Statistics

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 096
Local Reg. No. 6
Reg. Dist. No. 3-4-3

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): RFD # 1

3. CHILD'S NAME (Type or Print): DAVID HIEMSTRA

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): May 19 1959

7. FATHER'S NAME: a. (First) George b. (Middle) S. c. (Last) Hiemstra
8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS
10. BIRTHPLACE (State or foreign country): Montana
11a. USUAL OCCUPATION: Blacksmith
11b. KIND OF BUSINESS OR INDUSTRY: Ferrier

12. MOTHER'S MAIDEN NAME: a. (First) Merry b. (Middle) Dell c. (Last) Dyer
13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS
15. BIRTHPLACE (State or foreign country): Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: George S. Hiemstra

18a. LENGTH OF PREGNANCY: 28 WEEKS
18b. WEIGHT AT BIRTH: 3 LBS. 4 OZS.
19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity 7 mo
20b. MATERNAL CAUSES: Abruptio placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): N. L. Hardwell MD
23b. DATE SIGNED: 5-25-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 5/22/59
25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: July 1, 1959
REGISTRAR'S SIGNATURE: Mrs Janet L. Fleck
26. FUNERAL DIRECTOR: Robert G. Dickard
ADDRESS: Nampa, Idaho
DICKARD-EDMUNDS MORTUARY

Form DPH-48020

N.C.W.

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 097
Local Reg. No. 7
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa -Rural
d. STREET ADDRESS (If rural, give location): R # 3

3. CHILD'S NAME (Type or Print): Brenda Sue Ritchie

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) July (Day) 14 (Year) 1959

7. FATHER'S NAME: a. (First) Shelley b. (Middle) E. c. (Last) Ritchie

8. COLOR OR RACE: W

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Shawnee, Oklahoma

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Karen b. (Middle) c. (Last) Dempsey

13. COLOR OR RACE: W

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Mankato, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Shelley E. Ritchie

18a. LENGTH OF PREGNANCY: 31 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date March 1959.

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: RH. negative blood.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature labor.

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Henry C. Wesche M.D

23b. DATE SIGNED: 7-14-59.

23c. ATTENDANT'S ADDRESS: Nampa Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 15, 1959

25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

25d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Aug 1, 1959

REGISTRAR'S SIGNATURE: Mrs Jane Steck

26. FUNERAL DIRECTOR: John F Alsip

ADDRESS: Nampa, Idaho

Form DPH-48020

Embalmed by--

Richard Reed--E-440- 7-14-59
Nampa, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 098
Local Reg. No. 8
Reg. Dist. No. 363

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #4

3. CHILD'S NAME (Type or Print): Infant Daughter Taylor

4. SEX: fem.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 17, 1959

7. FATHER'S NAME
a. (First): SYLVAN
b. (Middle):
c. (Last): TAYLOR

8. COLOR OR RACE: white

9. AGE (At time of this birth): 45 YEARS

10. BIRTHPLACE (State or foreign country): Weston, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: farming

12. MOTHER'S MAIDEN NAME
a. (First): LAURNA
b. (Middle):
c. (Last): BYINGTON

13. COLOR OR RACE: white

14. AGE (At time of this birth): 43 YEARS

15. BIRTHPLACE (State or foreign country): Downey, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: from record [signature]

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Multiple Anomalies

20b. MATERNAL CAUSES: Mild Pre eclampsia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None [illegible]

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] MD

23b. DATE SIGNED: 7/22/59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/18/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Aug. 1, 1959

REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR: [signature]

ADDRESS: Boise, Idaho

RELYEA MORTUARY

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 099
Local Reg. No. 677
Reg. Dist. No. 4-70

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Grandview Addition

3. CHILD'S NAME (Type or Print): Infant Herrera

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 21, 1959

7. FATHER'S NAME: a. (First) John b. (Middle) Anthony c. (Last) Herrera

8. COLOR OR RACE: Spanish

9. AGE (At time of this birth): 44 YEARS

10. BIRTHPLACE (State or foreign country): Montrose, Colorado

11a. USUAL OCCUPATION: Dry Cleaner

11b. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) c. (Last) Archlueta

13. COLOR OR RACE: Spanish

14. AGE (At time of this birth): 41 YEARS

15. BIRTHPLACE (State or foreign country): Olathe, Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: John Herrera

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cord around neck twice - Tight

20b. MATERNAL CAUSES: Shut of circulation.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): S P Sutton M D

23b. DATE SIGNED: 7-23-59

23c. ATTENDANT'S ADDRESS: Burley Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: 7/23/59

25c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

25d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Aug 3, 1959

REGISTRAR'S SIGNATURE: Doris B. Starr

26. FUNERAL DIRECTOR: J. Lurth Payne

ADDRESS: Burley

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 100
Local Reg. No. 86
Reg. Dist. No. 210

1. PLACE OF STILLBIRTH
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Swayne's Addition

3. CHILD'S NAME (Type or Print) BABY BOY MOORE

4. SEX M

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) July 12, 1959

7. FATHER'S NAME a. (First) Lloyd b. (Middle) c. (Last) Moore

8. COLOR OR RACE White

9. AGE (At time of this birth) 33 YEARS

10. BIRTHPLACE (State or foreign country) Missouri

11a. USUAL OCCUPATION Laborer

11b. KIND OF BUSINESS OR INDUSTRY Lumber

12. MOTHER'S MAIDEN NAME a. (First) Clarice b. (Middle) c. (Last) Lucas

13. COLOR OR RACE White

14. AGE (At time of this birth) 29 YEARS

15. BIRTHPLACE (State or foreign country) Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT Lloyd Moore Orofino

18a. LENGTH OF PREGNANCY 40 WEEKS

18b. WEIGHT AT BIRTH 7 LBS. 2 OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES Pre-mature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:03 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) L. K. Gerardy MD

23b. DATE SIGNED July 13. 1959.

23c. ATTENDANT'S ADDRESS Orofino, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE 7-14-1959

25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

25d. LOCATION (City, town, or county) (State) Orofino Idaho

DATE REC'D BY LOCAL REG. July 14, 1959

REGISTRAR'S SIGNATURE Ruth Zeller

26. FUNERAL DIRECTOR M. E. Gilbert ADDRESS Orofino
Gilbert's Funeral Chapel

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 101
Local Reg. No. 46
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AIR FORCE BASE, IDAHO
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME
d. STREET ADDRESS (If rural, give location): DEVILIN HEIGHTS

3. CHILD'S NAME (Type or Print): INFANT MALE, LE MOINE

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): JULY 10 1959

7. FATHER'S NAME
a. (First): ALBERT
b. (Middle): A
c. (Last): LE MOINE

8. COLOR OR RACE: WH

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): MASS., AMESBURY

11a. USUAL OCCUPATION: USAF

11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME
a. (First): EMIKO
b. (Middle): K
c. (Last): KONNO

13. COLOR OR RACE: WH

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): JAPAN, TOKOYO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: NONE
b. How many children were born alive but are now dead?: NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: ONE

17. INFORMANT: Emiko Lemoine

18a. LENGTH OF PREGNANCY: 22 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 5½ OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 12 JUNE 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: PREMATURE LABOR

20b. MATERNAL CAUSES: UNKNOWN

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: HAD BLEEDING IN PREGNANCY

22. STATE ALL OPERATIONS FOR DELIVERY: NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:36 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E. C. Thomson Jr MD.

23b. DATE SIGNED: 10 July 1959

23c. ATTENDANT'S ADDRESS: MOUNTAIN HOME AFB, IDA

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 7-15-59

25c. NAME OF CEMETERY OR CREMATORY: MtnView MEM. Crematory

25d. LOCATION (City, town, or county) (State): BOISE, Idaho

DATE REC'D BY LOCAL REG.: Jul 14 1959

REGISTRAR'S SIGNATURE: C. Anderson

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: BEY MORTUARY MT. HOME, IDAHO

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 102
Local Reg. No. 2
Reg. Dist. No. 540

1. PLACE OF STILLBIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Utah
b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cornish
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Woodruff Sylvester Dobbs

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 9 1959

7. FATHER'S NAME: a. (First) Grant b. (Middle) c. (Last) Dobbs

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Millville, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Racelle b. (Middle) c. (Last) Ralphs

13. COLOR OR RACE: White

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country): Lewiston, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? none
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Grant Dobbs Cornish, Utah

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 6 2 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 7/10/59

23c. ATTENDANT'S ADDRESS: [illegible]

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 10, 1959

25c. NAME OF CEMETERY OR CREMATORY: Dayton

25d. LOCATION (City, town, or county) (State): Dayton Idaho

DATE REC'D BY LOCAL REG.: 7-10-59

REGISTRAR'S SIGNATURE: Effie W. Brewer

26. FUNERAL DIRECTOR: Webb Funeral Home

ADDRESS: Preston, Idaho

Thomas Webb

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 103
Local Reg. No. 3
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Frankiin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): West 8th North

3. CHILD'S NAME (Type or Print): Heidi Howells

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 15 1959

7. FATHER'S NAME a. (First): Norman b. (Middle): S. c. (Last): Howells

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Salt Lake City, Ut.

11a. USUAL OCCUPATION: Veterinarian

11b. KIND OF BUSINESS OR INDUSTRY: Own Office

12. MOTHER'S MAIDEN NAME a. (First): Barbara b. (Middle): Brandley c. (Last): Howells

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Salt Lake City, Ut.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Uncertain Causation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Leo K. Hamblin M.D.

23b. DATE SIGNED: 7/16/59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 16, 1959

25c. NAME OF CEMETERY OR CREMATORY: Preston

25d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 7-16-59

REGISTRAR'S SIGNATURE: Eppie W. Brouwer

26. FUNERAL DIRECTOR: Webb Funeral Home

ADDRESS: Preston, Idaho

Ethelmina H. Webb

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 104
Local Reg. No. 31
Reg. Dist. No. 651

1. PLACE OF STILLBIRTH
a. COUNTY: Fremont.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Case.

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): July. 16 1959

7. FATHER'S NAME: a. (First) Markley [redacted] b. (Middle) c. (Last) Case,

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 Yrs YEARS

10. BIRTHPLACE (State or foreign country): Payneville Kansas

11a. USUAL OCCUPATION: Timber Work

11b. KIND OF BUSINESS OR INDUSTRY: Fence Post

12. MOTHER'S MAIDEN NAME: a. (First) Dona. b. (Middle) c. (Last) Payne

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 Yrs YEARS

15. BIRTHPLACE (State or foreign country): Squirrel Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3

17. INFORMANT: [illegible] Ashton Idaho

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 12 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ☐
Approximate date [illegible] 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown - Dead for 24 hours before delivery

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:25 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 17 July 59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7.17/59

25c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery In Forest, Close to

25d. LOCATION (City, town, or county): Ashton (State): Idaho

DATE REC'D BY LOCAL REG.: 24 July 59

REGISTRAR'S SIGNATURE: M. L. Hansen

26. FUNERAL DIRECTOR: Fremont Funeral Home ADDRESS: Ashton Idaho

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FEDERAL SECURITY AGENCY
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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 105
Local Reg. No. 1
Reg. Dist. No. [illegible]

1. PLACE OF STILLBIRTH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mary Secor Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Montana
b. COUNTY: Silver Bow
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butte
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Patrick

4. SEX

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 1, 1959

7. FATHER'S NAME a. (First): Hubert b. (Middle): Bennett c. (Last): Patrick

8. COLOR OR RACE: red

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Polson, Mont.

11a. USUAL OCCUPATION: labor

11b. KIND OF BUSINESS OR INDUSTRY: farm

12. MOTHER'S MAIDEN NAME a. (First): Emma b. (Middle): c. (Last): Garappie

13. COLOR OR RACE: red

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Great Falls, Mont.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Hubert B. Patrick

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Unknown

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. **ATTENDANT'S SIGNATURE** (Specify if M. D., midwife, or other): [illegible] M.D.

23b. **DATE SIGNED**: July 7, 1959

23c. **ATTENDANT'S ADDRESS**: [illegible]

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

25b. DATE: July 3, 1959

25c. NAME OF CEMETERY OR CREMATORY: Mary Secor Hosp.

25d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: July 7, 1959

REGISTRAR'S SIGNATURE: Jean A. Beatty

26. FUNERAL DIRECTOR ADDRESS: W. C. Hansen, Hosp. Apt.

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 106
Local Reg. No. 20
Reg. Dist. No. 242

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood 9 mi N
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Stillborn Baby Boy Wassmuth

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 20 59

7. FATHER'S NAME: a. (First) Clarence b. (Middle) A c. (Last) Wassmuth

8. COLOR OR RACE: white

9. AGE (At time of this birth): 41 YEARS

10. BIRTHPLACE (State or foreign country): Greencreek, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Wheat & Stock

12. MOTHER'S MAIDEN NAME: a. (First) Rita b. (Middle) M. c. (Last) Wessels

13. COLOR OR RACE: white

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Greencreek, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Clarence Wassmuth

18a. LENGTH OF PREGNANCY: 4½-5 mos WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine Death Cord around neck 4 times

20b. MATERNAL CAUSES: Which could have caused Death

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): N. J. Orr MD

23b. DATE SIGNED: July 22, 1959

23c. ATTENDANT'S ADDRESS: Cottonwood

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 20 59

25c. NAME OF CEMETERY OR CREMATORY: Catholic

25d. LOCATION (City, town, or county) (State): Greencreek, Idaho

DATE REC'D BY LOCAL REG.: July 22, 1959

REGISTRAR'S SIGNATURE: N. J. Orr MD by m

26. FUNERAL DIRECTOR: Cletus A. Uhlorn

ADDRESS: Cottonwood

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
JUL 29 1959
Bureau of Vital Statistics

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107
Local Reg. No. 3
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Gen

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hayden Lake
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Frank William McDaniel

4. SEX M
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) July (Day) 7 (Year) 1959

7. FATHER'S NAME a. (First) Edward b. (Middle) c. (Last) McDaniel
8. COLOR OR RACE W.

9. AGE (At time of this birth) YEARS
10. BIRTHPLACE (State or foreign country) Athol Idaho
11a. USUAL OCCUPATION
11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) c. (Last) Wilson
13. COLOR OR RACE W.

14. AGE (At time of this birth) YEARS
15. BIRTHPLACE (State or foreign country) Canada

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT Mr. Edward McDaniel

18a. LENGTH OF PREGNANCY WEEKS
18b. WEIGHT AT BIRTH LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 12-11-58

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES Cephalopelvic Disproportion
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY RML Episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [illegible]
23b. DATE SIGNED 7/13/59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE 7-13,59
25c. NAME OF CEMETERY OR CREMATORY Forest
25d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. July 16, 1959
REGISTRAR'S SIGNATURE Lorraine K. Brush
26. FUNERAL DIRECTOR Yates-Morse Funeral Home
ADDRESS CdA. Idaho
[illegible]

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 108
Local Reg. No.
Reg. Dist. No. 5 J 6

1. PLACE OF STILLBIRTH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 329 North 100 West St.

3. CHILD'S NAME (Type or Print): INFANT BOY JONES

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 15 1959

7. FATHER'S NAME: a. (First) DAVID b. (Middle) PERRY c. (Last) JONES

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

11a. USUAL OCCUPATION: Service Station operation

11b. KIND OF BUSINESS OR INDUSTRY: - Manager

12. MOTHER'S MAIDEN NAME: a. (First) Lu Rae b. (Middle) - c. (Last) White

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: David Perry Jones

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Double cranium

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:25 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Joseph F. Weber M.D.

23b. DATE SIGNED: 7/16/59

23c. ATTENDANT'S ADDRESS: Malad, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: July 16-59

25c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery

25d. LOCATION (City, town, or county) (State): ~~Malad, Idaho~~

DATE REC'D BY LOCAL REG.: July 20-59

REGISTRAR'S SIGNATURE: J. Guy Bennett

26. FUNERAL DIRECTOR: Gaylord H. Lemon

ADDRESS: Malad, Idaho

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 109
Local Reg. No. 57
Reg. Dist. No. 142

RECEIVED JUL 22 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Kellogg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone General

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) Smelter Heights--rural

3. CHILD'S NAME (Type or Print) Michael Rickel

4. SEX Male

5a. THIS BIRTH SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) July (Day) 9 (Year) 1959

7. FATHER'S NAME a. (First) Rod b. (Middle) c. (Last) Rickel

8. COLOR OR RACE White

9. AGE (At time of this birth) 32 YEARS

10. BIRTHPLACE (State or foreign country) Spokane, Washington

11a. USUAL OCCUPATION Zinc Plant Worker

11b. KIND OF BUSINESS OR INDUSTRY Mining and smelting

12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) c. (Last) Benech

13. COLOR OR RACE White

14. AGE (At time of this birth) 32 YEARS

15. BIRTHPLACE (State or foreign country) Spokane, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Rodney L. Rickel

18a. LENGTH OF PREGNANCY 27 WEEKS

18b. WEIGHT AT BIRTH 3 LBS. 7 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ..... Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Pre mature Separation of Placenta

20b. MATERNAL CAUSES Pre maturity

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pre Mature Separation of Placenta

22. STATE ALL OPERATIONS FOR DELIVERY Breech delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [illegible]

23b. DATE SIGNED 7-15-59

23c. ATTENDANT'S ADDRESS Kellogg Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE July 11, 1959

25c. NAME OF CEMETERY OR CREMATORY Greenwood

25d. LOCATION (City, town, or county) Kellogg (State) Idaho

DATE REC'D BY LOCAL REG. 7-18-59

REGISTRAR'S SIGNATURE [illegible]

26. FUNERAL DIRECTOR Gustin Funeral Home

ADDRESS Kellogg Idaho

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PHS-797(VS)
4-48
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 110
Local Reg. No. 209
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Texas
b. COUNTY: Real
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camp Wood.
d. STREET ADDRESS (If rural, give location): Box 303

3. CHILD'S NAME (Type or Print): Jesse Nevarez Jr.

4. SEX: Boy

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 11 59

7. FATHER'S NAME: a. (First) Jesus b. (Middle) T c. (Last) Nevarez

8. COLOR OR RACE: Spanish

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Camp Wood Texas

11a. USUAL OCCUPATION: Sheep Shearer

11b. KIND OF BUSINESS OR INDUSTRY: Laborer.

12. MOTHER'S MAIDEN NAME: a. (First) Leonora b. (Middle) P c. (Last) Nevarez

13. COLOR OR RACE: Spanish

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Guanajuato Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Jesus Nevarez (Father)

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes..... (No.)
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MAINCAUSES: Unknown - Premature labor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature labor - separation placenta

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. L. Stowe M.D.

23b. DATE SIGNED: 7-11-59

23c. ATTENDANT'S ADDRESS: Twin Falls Ida

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 7/13/59

25c. NAME OF CEMETERY OR CREMATORY: Filer Cemetery

25d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: July 13, 1959

REGISTRAR'S SIGNATURE: Lenora P. Norman

26. FUNERAL DIRECTOR ADDRESS: Reynolds Funeral Home - Twin Falls, Idaho.

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Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 111
Local Reg. No. 230
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 612 1/2 2nd Ave East

3. CHILD'S NAME (Type or Print) ~~Mark Lee Cowger~~ Royce Lynn Cowger

4. SEX Male

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 7 (Day) 28 (Year) 59

7. FATHER'S NAME a. (First) Lee b. (Middle) Ellesworth c. (Last) Cowger

8. COLOR OR RACE W

9. AGE (At time of this birth) 20 YEARS

10. BIRTHPLACE (State or foreign country) Idaho

11a. USUAL OCCUPATION Laborer

11b. KIND OF BUSINESS OR INDUSTRY Union Motors

12. MOTHER'S MAIDEN NAME a. (First) Alene b. (Middle) Erma c. (Last) Thomas

13. COLOR OR RACE W

14. AGE (At time of this birth) 18 YEARS

15. BIRTHPLACE (State or foreign country) Payette Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs Lee E. Cowger

18a. LENGTH OF PREGNANCY 36 WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Premature separation of placenta

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR [illegible]

22. STATE ALL OPERATIONS FOR DELIVERY [illegible]

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [illegible] M.D.

23b. DATE SIGNED 7/29/59

23c. ATTENDANT'S ADDRESS Twin Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE 7/30/59

25c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

25d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG July 29, 1959

REGISTRAR'S SIGNATURE Senora O. Norman

26. FUNERAL DIRECTOR Reynolds Funeral Home ADDRESS Twin Falls, Idaho
James C. Reynolds

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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AUG 27 1959
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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 112
Local Reg. No. 54
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 244 Gray

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 20 59

7. FATHER'S NAME: a. (First) Lowell b. (Middle) Lee c. (Last) Hill

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Pocatello, Idaho

11a. USUAL OCCUPATION: Lab Tech.

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Lorraine b. (Middle) Iris c. (Last) Tate

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Denver, Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Lorraine T. Hill Mother

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapse of Umbilical Cord

20b. MATERNAL CAUSES: Sp. Rupture of Membrane

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: as above

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ralph B. Hegstad MD

23b. DATE SIGNED: 7-20-59

23c. ATTENDANT'S ADDRESS: Pocatello Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: AUG 21 1959

REGISTRAR'S SIGNATURE: Nancy Allen

26. FUNERAL DIRECTOR: Leon L. Manning

ADDRESS: 524 W 12th

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 113
Local Reg. No. 55
Reg. Dist. No. 511

RECEIVED SEP 24 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. CHILD'S NAME (Type or Print): Edward James Chandler

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) 8 (Day) 13 (Year) 59

7. FATHER'S NAME: a. (First) Samuel b. (Middle) D. c. (Last) Chandler
8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS
10. BIRTHPLACE (State or foreign country): Inkom, Idaho
11a. USUAL OCCUPATION: Chemist
11b. KIND OF BUSINESS OR INDUSTRY: Ida. Portland Cement Co.

12. MOTHER'S MAIDEN NAME: a. (First) Beatrice b. (Middle) Patricia c. (Last) Phillips
13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS
15. BIRTHPLACE (State or foreign country): Driggs, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Beatrice Chandler Mother

18a. LENGTH OF PREGNANCY: 34 WEEKS
18b. WEIGHT AT BIRTH: 4 LBS. 11 OZS.
19 Was a standard serological test for syphilis performed? Yes X No
Approximate date Feb. 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None
20b. MATERNAL CAUSES: Abruptio Placenta

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:
22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean Section (Classical)

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): B R Jorgensen MD
23b. DATE SIGNED: 8-15-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Aug. 17, 1959
25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 21 1959
REGISTRAR'S SIGNATURE: Helene Depew
26. FUNERAL DIRECTOR: Allan J. Mauney
ADDRESS: 540 No. 12th Pocatello Idaho.

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 10 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 114
Local Reg. No. 64
Reg. Dist. No. 130

1. PLACE OF STILLBIRTH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Matthew Mark Mills

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 1 1959

7. FATHER'S NAME a. (First): Oscar b. (Middle): Hicks c. (Last): Mills

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Waynesville, N.C.

11a. USUAL OCCUPATION: Head Sawyer

11b. KIND OF BUSINESS OR INDUSTRY: Tyson Creek Mill

12. MOTHER'S MAIDEN NAME a. (First): Lynne b. (Middle): Lee c. (Last): Lapp

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Kellogg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Oscar Mills

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 11 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: June 10, 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hemorrhage from the umbilical cord.

20b. MATERNAL CAUSES: Premature separation of the placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature separation of the placenta

22. STATE ALL OPERATIONS FOR DELIVERY: Caesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:15 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Bergen A. Papp M.D.

23b. DATE SIGNED: 8-4-59

23c. ATTENDANT'S ADDRESS: St. Maries, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug 3 1959

25c. NAME OF CEMETERY OR CREMATORY: Woodlawn

25d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 8-5-59

REGISTRAR'S SIGNATURE: Beatrice L. Mitchell

26. FUNERAL DIRECTOR: Gerald Bracewing

ADDRESS: St. Maries Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 115
Local Reg. No. 133
Reg. Dist. No. 600

RECEIVED SEP 14 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 265 N. Shilling

3. CHILD'S NAME (Type or Print): Etta Jane Kirkpatrick

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 10 1959

7. FATHER'S NAME: a. (First) Thomas b. (Middle) Woodrow c. (Last) Kirkpatrick

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): Jasper, Ala.

11a. USUAL OCCUPATION: Maintenance man

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Lucy b. (Middle) Lee c. (Last) Kern

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs Lucy Kirkpatrick Mother

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS 12 OZS

19. Was a standard serological test for syphilis performed? Yes x No
Approximate date Feb.

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech Hydrocephalic

22. STATE ALL OPERATIONS FOR DELIVERY: Decompression of Head

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:01A *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Emerson Fisher MD

23b. DATE SIGNED: Aug. 15, 1959

23c. ATTENDANT'S ADDRESS: Blackfoot

If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Aug. 10, 1959

25c. NAME OF CEMETERY OR CREMATORY: Bingham Memorial Hosp.

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Sept. 1. 1959

REGISTRAR'S SIGNATURE: Mrs Charles E. Fabian Ingrald Trask

26. FUNERAL DIRECTOR: (Acting)

ADDRESS: Blackfoot

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 116
Local Reg. No. 1
Reg. Dist. No. 520-521

RECEIVED SEP 3 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 31 Keystone Court

3. CHILD'S NAME (Type or Print): Sally Ann Lund

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 27, 1959

7. FATHER'S NAME: a. (First) Jack b. (Middle) Vernal c. (Last) Lund

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Brigham City, Utah

11a. USUAL OCCUPATION: Treater operator

11b. KIND OF BUSINESS OR INDUSTRY: Monsanto Chem. Co.

12. MOTHER'S MAIDEN NAME: a. (First) Shirley b. (Middle) c. (Last) Lowe

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Franklin, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Vernal J. Lund

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Transverse position, persistent

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Transverse position

22. STATE ALL OPERATIONS FOR DELIVERY: Cervical Caesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:12 P.M.

23a. ATTENDANT'S SIGNATURE: E. E. Hirson (Specify if M. D., midwife, or other): MD

23b. DATE SIGNED: 1 Sept 1959

23c. ATTENDANT'S ADDRESS: Grace, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8/29/59

25c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

25d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 8-31-59

REGISTRAR'S SIGNATURE: Earl Chenett

26. FUNERAL DIRECTOR: Theodore Allen ADDRESS: Soda Springs, Ida

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 117
Local Reg. No. 682
Reg. Dist. No. 420

1. PLACE OF STILLBIRTH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottage Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): William Michel Holohan

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 2, 1959

7. FATHER'S NAME: a. (First) Russell b. (Middle) Lee c. (Last) Holohan

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Minidoka, Idaho

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) Lou c. (Last) Hamilton

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Jewel County, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Russell Holohan – Geo. L. Heyburn Hdq

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 2½ OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date February 59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown – possible cerebral trauma during

20b. MATERNAL CAUSES: fairly vigorous labor – possible premature separation of placenta.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Labor vigorous = 5-7 hours

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy and repair

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C. Ernest M.D.

23b. DATE SIGNED: 8-12-59

23c. ATTENDANT'S ADDRESS: Burley, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Aug. 6, 1959

25c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

25d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: Aug 18 59

REGISTRAR'S SIGNATURE: Lane D. Lane

26. FUNERAL DIRECTOR: Vern B. McCulloch

ADDRESS: Burley, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 118
Local Reg. No. 72-118
Reg. Dist. No. 440

RECEIVED SEP 18 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): 257 West 4th

3. CHILD'S NAME (Type or Print): CAROL LURENE AMBROSE

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): August 12, 1959

7. FATHER'S NAME: a. (First) Arthur b. (Middle) Neal c. (Last) Ambrose
8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS
10. BIRTHPLACE (State or foreign country): Wendell, Idaho
11a. USUAL OCCUPATION: Trucking
11b. KIND OF BUSINESS OR INDUSTRY: Commercial

12. MOTHER'S MAIDEN NAME: a. (First) Olive b. (Middle) Leona c. (Last) Morrison
13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS
15. BIRTHPLACE (State or foreign country): Arbela, Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT:

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: 7 LBS. 6 OZS.
19 Was a standard serological test for syphilis performed? Yes X No
Approximate date: 1st Trimester

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Strangulation by Cord 1 hr.
20b. MATERNAL CAUSES: Breech & cord encircling neck 2X

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Long labor (48 hrs)
22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:30 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold G. Holsinger M.D.
23b. DATE SIGNED: 8-17-59
23c. ATTENDANT'S ADDRESS: Wendell, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Aug-18-59
25c. NAME OF CEMETERY OR CREMATORY: Wendell, Idaho
25d. LOCATION (City, town, or county) (State): Wendell Idaho

DATE REC'D BY LOCAL REG.: 8/17/59
REGISTRAR'S SIGNATURE: Lynda Lowe
26. FUNERAL DIRECTOR: Harry Griffin
ADDRESS: Jerome, Ida

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 19 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 119
Local Reg. No. 4
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberty Lake
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Infant Boy Auer

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) Aug (Day) 8 (Year) 1959

7. FATHER'S NAME: a. (First) Francis b. (Middle) W. c. (Last) Auer
8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS
10. BIRTHPLACE (State or foreign country): Canada
11a. USUAL OCCUPATION: School Teacher
11b. KIND OF BUSINESS OR INDUSTRY: Public Schools

12. MOTHER'S MAIDEN NAME: a. (First) Arlene b. (Middle) c. (Last) Jaynes
13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS
15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Francis W. Auer (D.E.)

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: January 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Knot in umbilical cord
20b. MATERNAL CAUSES: Premature placental separation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:20 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Wray Wilson, MD
23b. DATE SIGNED: Aug 12, 1959
23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 8-10-1959
25c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Aug. 13, 1959
REGISTRAR'S SIGNATURE: Lorraine K. Brush
26. FUNERAL DIRECTOR: Don English
ADDRESS: Coeur d'Alene, Idaho

Form DPH-48020

Stillbirth

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 25 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 120
Local Reg. No. 670
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): MICHEAL GENE MC KINLEY

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 8 (Day) 8 (Year) 1959

7. FATHER'S NAME
a. (First): John
b. (Middle): Bruce
c. (Last): Mc Kinley

8. COLOR OR RACE: W

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Mackay, Idaho

11a. USUAL OCCUPATION: Construction

11b. KIND OF BUSINESS OR INDUSTRY: State Hiway Dept.

12. MOTHER'S MAIDEN NAME
a. (First): Sharon
b. (Middle): Beata
c. (Last): Olsen

13. COLOR OR RACE: W

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Darlington, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: None
b. How many children were born alive but are now dead?: One
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: John Bruce McKinley

18a. LENGTH OF PREGNANCY: 42 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 8-8-19

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Rh factor

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): R Reader M.D.

23b. DATE SIGNED: 8-12-19

23c. ATTENDANT'S ADDRESS: Challis, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-10-59

25c. NAME OF CEMETERY OR CREMATORY: Mackay

25d. LOCATION (City, town, or county) (State): Mackay, Idaho

DATE REC'D BY LOCAL REG.: 8-19-59

REGISTRAR'S SIGNATURE: Viola E. Johnson

26. FUNERAL DIRECTOR: Gilbert C. Jones

ADDRESS: Salmon, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 25 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 121
Local Reg. No. 690
Reg. Dist. No.

1. PLACE OF STILLBIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadore
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): MICHEAL EDWARD NOVACK

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) 8 (Day) 9 (Year) 1959

7. FATHER'S NAME a. (First) William b. (Middle) Frank c. (Last) Novack

8. COLOR OR RACE: W

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): Pueblo, Colo.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY: Cattle

12. MOTHER'S MAIDEN NAME a. (First) Frances b. (Middle) Irene c. (Last) Lyzak

13. COLOR OR RACE: W

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Austria

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: William F. Novack

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis

20b. MATERNAL CAUSES: RH negative blood type

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: RH negative blood type

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): B. Johnson MD

23b. DATE SIGNED: 8-11-59

23c. ATTENDANT'S ADDRESS: Salmon

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-10-59

25c. NAME OF CEMETERY OR CREMATORY: Salmon

25d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 8-19-59

REGISTRAR'S SIGNATURE: Viola E. Johnson

26. FUNERAL DIRECTOR: Delbert C. Jones

ADDRESS: Salmon, Ida

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 122
Local Reg. No. 37
Reg. Dist. No. 630

RECEIVED
AUG 25 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Rexburg Rt. 1

3. CHILD'S NAME (Type or Print): Baby Thomason

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 18, 1959

7. FATHER'S NAME: a. (First) Charles b. (Middle) G. c. (Last) Thomason

8. COLOR OR RACE: Cau.

9. AGE (At time of this birth): 49 YEARS

10. BIRTHPLACE (State or foreign country): Rexburg, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Doralee b. (Middle) A. c. (Last) Anderson

13. COLOR OR RACE: Cau.

14. AGE (At time of this birth): 46 YEARS

15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 9
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Charles G. Thomason

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Infarct Placenta.

20b. MATERNAL CAUSES: Marginal Section. Mother wounded.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None. Spontaneous Labor.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Rigby M.D.

23b. DATE SIGNED: 8-18-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8/19/59

25c. NAME OF CEMETERY OR CREMATORY: Burton

25d. LOCATION (City, town, or county) (State): Madison, Idaho

DATE REC'D BY LOCAL REG.: 8-19-59

REGISTRAR'S SIGNATURE: Leona F. Flamm

26. FUNERAL DIRECTOR: Merrill A. Flamm

ADDRESS: Rexburg, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 123
Local Reg. No. 134
Reg. Dist. No. 220

RECEIVED AUG 31 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho2
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3306 Main

3. CHILD'S NAME (Type or Print): Baby Girl Mill

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 14, 1959

7. FATHER'S NAME: a. (First) Jay b. (Middle) Q. c. (Last) Mill
8. COLOR OR RACE: White

9. AGE (At time of this birth): 41 YEARS
10. BIRTHPLACE (State or foreign country): Idaho
11a. USUAL OCCUPATION: Saw Filer
11b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) D. c. (Last) Pulzin
13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS
15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 4

17. INFORMANT: x Mrs. Jay Q Mill

18a. LENGTH OF PREGNANCY: 32 WEEKS
18b. WEIGHT AT BIRTH: 4 LBS. 6 OZS.
19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date April 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Congenital Malformations Atelectasis
20b. MATERNAL CAUSES: Fetal incompatibility

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): John S. Braddock M.D.
23b. DATE SIGNED: Aug 19, 1959
23c. ATTENDANT'S ADDRESS: 1522-17th St Lewiston
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Aug.19,1959
25c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8/27/59
REGISTRAR'S SIGNATURE: Cara Kinzer
26. FUNERAL DIRECTOR: Brower-Wann L. E. DeBaun
ADDRESS: Lewiston, Idaho

Form DPH-48020

Dr. Braddock

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 21 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 124
Local Reg. No. 12
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2005 - 10th Ave.

3. CHILD'S NAME (Type or Print): DONALD ALLEN SWEET

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: Aug (Month) 16 (Day) 1959 (Year)

7. FATHER'S NAME: a. (First) Robert b. (Middle) Dale c. (Last) Sweet

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill (Pulp)

12. MOTHER'S MAIDEN NAME: a. (First) Leona b. (Middle) Jean c. (Last) Hobbs

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Robert Dale Sweet

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Jan 28 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Extrophia - Heart + abdominal organs
20b. MAERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:25 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): Edward J. Hoffman M.D.
23b. DATE SIGNED: 8-18-59
23c. ATTENDANT'S ADDRESS: 347 S. St John Lewiston
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 8-19-59
25c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 8/18/59
REGISTRAR'S SIGNATURE: Cora Kinzer
26. FUNERAL DIRECTOR: Brower-Wann, J. E. DeBaun
ADDRESS: Lewiston, Idaho

Form DPH-48020

Dr. Hoffman

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED AUG 27 1959 Bureau of Vital Statistics

State File No. 125
Local Reg. No. 67
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst Idaho
d. STREET ADDRESS (If rural, give location): Box 163

3. CHILD'S NAME (Type or Print): Dick Edward Beechey

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 8 11 59

7. FATHER'S NAME a. (First): Dick b. (Middle): George c. (Last): Beechey

8. COLOR OR RACE: W

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Hardin Mont.

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Zylco Co Cutlery

12. MOTHER'S MAIDEN NAME a. (First): Ruth b. (Middle): Cathryn c. (Last): Callisto

13. COLOR OR RACE: W

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Crosby Minn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 1
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT: Ruth C. Beechey

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 6 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: 4-1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio Placenta

20b. MATERNAL CAUSES: Toxemia of Pregnancy

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:15 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E. Schwerdt, M.D.

23b. DATE SIGNED: 12 August 1959

23c. ATTENDANT'S ADDRESS: Wallace

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL / **TITLE**

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: August 12, 1959

25c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

25d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 8-18-59

REGISTRAR'S SIGNATURE: Joe Grime

26. FUNERAL DIRECTOR: Donald O. Maisel

ADDRESS: Kellogg Idaho

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 10 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 126
Local Reg. No. 1348
Reg. Dist. No. 620

1. PLACE OF STILLBIRTH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clawson
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clawson
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): No Name

4. SEX: Female
5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug 5 1959

7. FATHER'S NAME a. (First): Joseph b. (Middle): Ross c. (Last): Little
8. COLOR OR RACE: White
9. AGE (At time of this birth): 18 YEARS
10. BIRTHPLACE (State or foreign country): Driggs
11a. USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME a. (First): Geralyn b. (Middle): Z c. (Last): Burnside
13. COLOR OR RACE: White
14. AGE (At time of this birth): 17 YEARS
15. BIRTHPLACE (State or foreign country): Driggs Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Joseph Little Father

18a. LENGTH OF PREGNANCY: 24 WEEKS
18b. WEIGHT AT BIRTH: approx. 3 LBS. 8 OZS.
19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES
20b. MATERNAL CAUSES: Auto accident on 7-28-59 --

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gerald C. Lauer M.D.
23b. DATE SIGNED: 8-5-59
23c. ATTENDANT'S ADDRESS: Driggs Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: Wm Lensenbach Bishop
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Aug 5-59
25c. NAME OF CEMETERY OR CREMATORY: Clawson Teton
25d. LOCATION (City, town, or county) (State): Teton

DATE REC'D BY LOCAL REG.: Aug 5-59
REGISTRAR'S SIGNATURE: Stella Griggs
26. FUNERAL DIRECTOR: William Lensenbach
ADDRESS: Bishop Clawson

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 127
Local Reg. No. 2127
Reg. Dist. No. 460

RECEIVED SEP 16 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1524 Laurel Ave.

3. CHILD'S NAME (Type or Print)

4. SEX

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): June 3, 1959

7. FATHER'S NAME
a. (First): Vern
b. (Middle):
c. (Last): Sterner

8. COLOR OR RACE: White

9. AGE (At time of this birth) YEARS:

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): ~~St~~ Kathleen
b. (Middle):
c. (Last): Knutsen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? three
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: Mrs Sterner

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: none

20b. MATERNAL CAUSES: none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:30 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard M. Peterson

23b. DATE SIGNED: Sep 16, 1959

23c. ATTENDANT'S ADDRESS: 542 Main South, Twin Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: J. Woodson Creed

TITLE: MD

25a. BURIAL, CREMATION, REMOVAL (Specify):

25b. DATE:

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG: July 17, 1959

REGISTRAR'S SIGNATURE: Lenora E. Forman

26. FUNERAL DIRECTOR: J. Woodson Creed, M. D.

ADDRESS: Twin Falls, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

Baby Lent

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. .....
Local Reg. No. 2420
Reg. Dist. No. 460

RECEIVED SEP 1 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Rt. 2

3. CHILD'S NAME (Type or Print): Lynn Claude Lent

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☑ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☑ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): Aug. 21 59

7. FATHER'S NAME: a. (First) Ervin b. (Middle) Claude c. (Last) Lent

8. COLOR OR RACE: W

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country): Minnesota

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME: a. (First) Alta b. (Middle) Marilyn c. (Last) Hendricks

13. COLOR OR RACE: W

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Wyoming

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Alta Marilyn Lent - Mother

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 11 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No .....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None Apparent

20b. MATERNAL CAUSES: None Apparent

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Auto Accident 12 hours prior to delivery

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Charles W. Schabacker M. D.

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS: 6th & Shoshone Twin Falls

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-27-59

25c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park

25d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG: Aug. 24, 1959

REGISTRAR'S SIGNATURE: Jenora O. Forman

26. FUNERAL DIRECTOR: Dayle W. Hodson

ADDRESS: White Mortuary Twin Falls, Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 26 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 129
Local Reg. No. 19
Reg. Dist. No. 316

1. PLACE OF STILLBIRTH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location): Box 734

3. CHILD'S NAME (Type or Print): Baby Klott

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 8-15-59

7. FATHER'S NAME
a. (First): Roman
b. (Middle): Edward
c. (Last): Klott

8. COLOR OR RACE: white

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): Hermann, Missouri

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME
a. (First): Cornila
b. (Middle): --
c. (Last): Gibson

13. COLOR OR RACE: white

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Winter Quarters, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Cornila Klott

18a. LENGTH OF PREGNANCY: 34 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 4 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 4-6-59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis

20b. MATERNAL CAUSES: Erythroblastosis Fetalis

21. STATE ANY COMPLICATIONS OF PREGNANCY ~~AND LABOR~~: Erythroblastosis Fetalis

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5-25 P *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A. Eugene Pflug, M.D.

23b. DATE SIGNED: 8-17-59

23c. ATTENDANT'S ADDRESS: McCall, Idaho

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8-16-59

25c. NAME OF CEMETERY OR CREMATORY: McCall Cemetery

25d. LOCATION (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG. Aug 30-1959

REGISTRAR'S SIGNATURE: Myrtle Gardner

26. FUNERAL DIRECTOR: Roman E. Klott

ADDRESS

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 21 130
Local Reg. No.
Reg. Dist. No. 3/a

RECEIVED SEP 8 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Valley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mc Call, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION: McCall Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Valley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mc Call, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Crawford

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 8- 28- 1959

7. FATHER'S NAME
a. (First): Clifford
b. (Middle): Jo
c. (Last): Crawford

8. COLOR OR RACE: white

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Claire
b. (Middle): Julia
c. (Last): Crawford

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): New Plymouth, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 3
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?:

17. INFORMANT: Clifford Crawford - Father

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. — OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Feb '59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Prolapse of cord, malposition of foetus.
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Mumps @ 36 wks

22. STATE ALL OPERATIONS FOR DELIVERY: manual version & extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:38 *a.m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): X James H. Howard MD

23b. DATE SIGNED: 8-29-59.

23c. ATTENDANT'S ADDRESS: McCall, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Aug 30 '59

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY: New Plymouth

25d. LOCATION (City, town, or county) (State): New Plymouth Idaho

DATE REC'D BY LOCAL REG.: Sept 4 1959

REGISTRAR'S SIGNATURE: Myrtle Gardner

26. FUNERAL DIRECTOR: Walker Funeral Home

ADDRESS: McCall Ida.

Burton E. Walker

Form DPH-48020

NOV 1 8 1993

Dr. Coats

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
AUG 20 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 131
Local Reg. No. 8
Reg. Dist. No. 32

1. PLACE OF STILLBIRTH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): R.F.D.#1 Weiser

3. CHILD'S NAME (Type or Print): INFANT GIRL HENDRY

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): August 11 1959

7. FATHER'S NAME
a. (First): John
b. (Middle): J.
c. (Last): Hendry

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): Weiser, Idaho

11a. USUAL OCCUPATION: Section Hand

11b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.

12. MOTHER'S MAIDEN NAME
a. (First): Joann
b. (Middle):
c. (Last): Scherck

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Brigham City Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
No previous Children

17. INFORMANT: John L. Hendry

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 2-5-59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphyxia Fetalis

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: [illegible]

22. STATE ALL OPERATIONS FOR DELIVERY: [illegible]

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible]

23b. DATE SIGNED: [illegible]

23c. ATTENDANT'S ADDRESS: Weiser, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 8/12/59

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

25d. LOCATION (City, town, or county) (State): Weiser, Idaho.

DATE REC'D BY LOCAL REG.: 8-12-59

REGISTRAR'S SIGNATURE: K. Dan Thomason

26. FUNERAL DIRECTOR: A. S. Jones

ADDRESS: Weiser, Idaho.

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 132
Local Reg. No. 58
Reg. Dist. No. 510

RECEIVED OCT 13 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1347 East Clark

3. CHILD'S NAME (Type or Print): Baby Girl Crump

4. SEX: Female
5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): July 24 1959

7. FATHER'S NAME: a. (First) Gordon b. (Middle) Keith c. (Last) Crump
8. COLOR OR RACE:
9. AGE (At time of this birth): 29 YEARS
10. BIRTHPLACE (State or foreign country): McCammon, Idaho
11a. USUAL OCCUPATION: Clerk
11b. KIND OF BUSINESS OR INDUSTRY: UPRR

12. MOTHER'S MAIDEN NAME: a. (First) Arleen b. (Middle) c. (Last) Crump
13. COLOR OR RACE: White
14. AGE (At time of this birth): 27 YEARS
15. BIRTHPLACE (State or foreign country): Rexburg, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Mrs. Arleen Crump (Mother)

18a. LENGTH OF PREGNANCY: 25 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Unknown
20b. MATERNAL CAUSES: Unknown (Rh Neg, No evid. of sensitivity)

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.
23b. DATE SIGNED: 7-8-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE
25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hosp.
25d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: SEP 21 1959
REGISTRAR'S SIGNATURE: Gloria Dopita
26. FUNERAL DIRECTOR: [illegible]
ADDRESS: Adm.

Form DPH-48020

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 133
Local Reg. No. 58
Reg. Dist. No. 210

RECEIVED OCT 19 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
d. STREET ADDRESS (If rural, give location): 741 North 8th

3. CHILD'S NAME (Type or Print): Walter Jones

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): July 26 1959

7. FATHER'S NAME a. (First): Vincent b. (Middle): c. (Last): Jones

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): Gerard, Kansas

11a. USUAL OCCUPATION: Telegrapher

11b. KIND OF BUSINESS OR INDUSTRY: UPRR

12. MOTHER'S MAIDEN NAME a. (First): Marcella b. (Middle): c. (Last): Paglia

13. COLOR OR RACE:

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Pittsburgh, Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2

17. INFORMANT: Mrs. Marcella Jones (Mother)

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxia

20b. MATERNAL CAUSES: Placental Separation

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placental separation

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 9-10-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): burial

25b. DATE: July 27-59

25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG. OCT 13 1959

REGISTRAR'S SIGNATURE: Gloria Dopeta

26. FUNERAL DIRECTOR ADDRESS: Downard Funeral Home, Pocatello, Idaho
John P. Gromm

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 134
Local Reg. No. 57
Reg. Dist. No. 510

RECEIVED OCT 19 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memoiral Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 470 Jefferson

3. CHILD'S NAME (Type or Print): Unamed Baby B oy

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 1 1959

7. FATHER'S NAME: a. (First) Roland b. (Middle) Thaddus c. (Last) Helm

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

11a. USUAL OCCUPATION: Electrician

11b. KIND OF BUSINESS OR INDUSTRY: Dykes Poleline Elec.

12. MOTHER'S MAIDEN NAME: a. (First) Mildred b. (Middle) Susan c. (Last) Mecham

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Firth, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Mrs. Mildred Helm (Mother)

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Thrombosis of Cord, with Infarction of Baby.

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George P. Cox MD

23b. DATE SIGNED: 9/24/59

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9-3-59

25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: OCT 16 1959

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR: Allen J. Ramsey

ADDRESS: 510 No 12th Ave Pocatello, Idaho

Form DPH-48020

SDH AUG 25 2017

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 135
Local Reg. No. 57
Reg. Dist. No. 51

RECEIVED OCT 8 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rt #2 North

3. CHILD'S NAME (Type or Print): Johnny Newsom

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 9 (Day) 5 (Year) 59

7. FATHER'S NAME: a. (First) Walden b. (Middle) Jack c. (Last) Newsom

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Kent

11a. USUAL OCCUPATION: Manager

11b. KIND OF BUSINESS OR INDUSTRY: Pine Tavern

12. MOTHER'S MAIDEN NAME: a. (First) Filomena b. (Middle) Giulia c. (Last) Gigliotti

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country): Freeport, Africa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Filomena Giulia Newsom Mother

18a. LENGTH OF PREGNANCY: 24-25 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No. X
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown

20b. MATERNAL CAUSES: Nutritional Anemia

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Bleeding from 22 wks.

22. STATE ALL OPERATIONS FOR DELIVERY: —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible]

23b. DATE SIGNED: 9-22-59

23c. ATTENDANT'S ADDRESS

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. OCT 6 1959

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR

ADDRESS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 136
Local Reg. No. 57
Reg. Dist. No. 5-10

RECEIVED OCT 13 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 706 East Poplar

3. CHILD'S NAME (Type or Print): Baby Girl Melton

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 10 1959

7. FATHER'S NAME: a. (First) James b. (Middle) Duane c. (Last) Melton

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION: Journalish

11b. KIND OF BUSINESS OR INDUSTRY: Idaho State College

12. MOTHER'S MAIDEN NAME: a. (First) Karen b. (Middle) LuAnn c. (Last) Pickering

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Albion, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3

17. INFORMANT: Mrs. Karen Melton (Mother)

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 8 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxia

20b. MATERNAL CAUSES: Premature separation of placenta

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 10-9-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 9/10/59

25c. NAME OF CEMETERY OR CREMATORY: Bannock Mem. Hosp

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL: OCT 12 1959

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR: Paul Kopf, Adm.

ADDRESS

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 137
Local Reg. No. 56
Reg. Dist. No. 511

RECEIVED OCT 1 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): P.O. Box 527-Route #1, South

3. CHILD'S NAME (Type or Print): Baby Sluder

4. SEX
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): September 14 1959

7. FATHER'S NAME
a. (First): Dale
b. (Middle): Eugene
c. (Last): Sluder
8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS
10. BIRTHPLACE (State or foreign country): Pocatello, Idaho
11a. USUAL OCCUPATION: Land Scaper
11b. KIND OF BUSINESS OR INDUSTRY: Self-employed

12. MOTHER'S MAIDEN NAME
a. (First): Mildred
b. (Middle): Frances
c. (Last): Kelly
13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS
15. BIRTHPLACE (State or foreign country): Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Mildred Kelly Mother

18a. LENGTH OF PREGNANCY: 32 WEEKS
18b. WEIGHT AT BIRTH: LBS. OZS.
19 Was a standard serological test for syphilis performed? Yes....X..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Unknown
20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A. F. Nyffer
23b. DATE SIGNED: 9-17-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
25b. DATE: 10-22-59
25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital
25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: SEP 30 1959
REGISTRAR'S SIGNATURE: Gloria Dopita
26. FUNERAL DIRECTOR: Paul Hoff, Adm.
ADDRESS

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
OCT 21 1959
Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 138
Local Reg. No. 60
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 516 Riverside Drive

3. CHILD'S NAME (Type or Print): Baby Boy Stone

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 16 1959

7. FATHER'S NAME: a. (First) Perry b. (Middle) James c. (Last) Stone

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

11a. USUAL OCCUPATION: Switchman

11b. KIND OF BUSINESS OR INDUSTRY: UPRR

12. MOTHER'S MAIDEN NAME: a. (First) Leona b. (Middle) Mary c. (Last) Brannagam

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Ogallala, Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Leone Stone (Mother)

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 10 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None found at autopsy

20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): N. L. Wright, M.D.

23b. DATE SIGNED: 10-15-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. OCT 20 1959

REGISTRAR'S SIGNATURE: Gloria Dopila

26. FUNERAL DIRECTOR ADDRESS

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PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 139
Local Reg. No. 8
Reg. Dist. No. 130

RECEIVED SEP 28 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Santa, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Girl Patterson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 23, 1959

7. FATHER'S NAME: a. (First) Robert b. (Middle) Gerald c. (Last) Patterson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): St. Maries, Idaho

11a. USUAL OCCUPATION: Truck Driver

11b. KIND OF BUSINESS OR INDUSTRY: Logging

12. MOTHER'S MAIDEN NAME: a. (First) Marilyn b. (Middle) Joann c. (Last) Crawford

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Douglas, Wyo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Robert G. Patterson, Father

18a. LENGTH OF PREGNANCY: 21 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 7 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date July 16, 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: Undetermined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature - 5 months

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:00 P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. D. Thurston M.D.

23b. DATE SIGNED: 9-24-59

23c. ATTENDANT'S ADDRESS: St. Maries, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Sept 24 59

25c. NAME OF CEMETERY OR CREMATORY: Hosp. incinerator

25d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 9-25-59

REGISTRAR'S SIGNATURE: Beatrice d. Mitchell

26. FUNERAL DIRECTOR: BENEWAH COMMUNITY HOSPITAL
Robert Cook
Robert Cook, Administrator

Cremation at parents request.

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PUBLIC HEALTH SERVICE

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 140
Local Reg. No. 154
Reg. Dist. No. 600

RECEIVED SEP 14 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot,
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Rt. 2 (Riverside)

3. CHILD'S NAME (Type or Print): WANDA MARIE CHRISWELL

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 2, 1959

7. FATHER'S NAME: a. (First) Monte b. (Middle) R. c. (Last) Chriswell

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: agriculture

12. MOTHER'S MAIDEN NAME: a. (First) Della b. (Middle) Corrine c. (Last) Stantliff

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Monte R. Chriswell Rt. 2, Blackfoot, Ida.

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Undetermined

20b. MATERNAL CAUSES: Borderline Toxemia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:28 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Richard N. Nixon, M. D.

23b. DATE SIGNED: 9-3-59

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 3-59

25c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas

25d. LOCATION (City, town, or county) (State): Rt. 2 Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Sept 3 1959

REGISTRAR'S SIGNATURE: Mrs Leales E Talmie

26. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 141
Local Reg. No. 156
Reg. Dist. No. 600

RECEIVED SEP 14 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot, (Rural)
d. STREET ADDRESS (If rural, give location): Rt. 1 (Moreland)

3. CHILD'S NAME (Type or Print): Baby Boy Swensen

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 10, 1959

7. FATHER'S NAME: a. (First) NOT b. (Middle) GIVEN c. (Last)

8. COLOR OR RACE:

9. AGE (At time of this birth): YEARS

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Va Conna b. (Middle) Lou c. (Last) Swensen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 16 YEARS

15. BIRTHPLACE (State or foreign country): Vancouver, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Don J. Swensen Blackfoot, Idaho

18a. LENGTH OF PREGNANCY: Term WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 4 OZS.

19 Was a standard serological test for syphilis performed? Yes ..... No ✓
Approximate date No medical attention till after baby was born

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Baby born before medical aid. Suffocated

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cord over the face so baby could not breath

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:00 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A. B. Miller M.D.

23b. DATE SIGNED: Sept. 11, 1959

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 11, 1959

25c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho.

DATE REC'D BY LOCAL REG.: Sept. 11-1959

REGISTRAR'S SIGNATURE: Mrs. Leslie E. Fate

26. FUNERAL DIRECTOR: John C. Sandberg

ADDRESS: Blackfoot, Idaho

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 142
Local Reg. No. 215
Reg. Dist. No. 610

RECEIVED OCT 6 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1030 Bingham

3. CHILD'S NAME (Type or Print): Clifton Charles Hillier

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept 14 1959

7. FATHER'S NAME: a. (First) George b. (Middle) Barrett c. (Last) Hillier
8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS
10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
11a. USUAL OCCUPATION: Policeman
11b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement

12. MOTHER'S MAIDEN NAME: a. (First) Sharon b. (Middle) c. (Last) Anderson
13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS
15. BIRTHPLACE (State or foreign country): Burley, Idaho
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? none
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT: G Barrett Hillier

18a. LENGTH OF PREGNANCY: 32 WEEKS
18b. WEIGHT AT BIRTH: 5 LBS. / OZS.
19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 1958

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: none
20b. MATERNAL CAUSES: Congenital twisted cord

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: none
22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): E C Hollcard MD
23b. DATE SIGNED: 24 September 1959
23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 9/18/59
25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Sept 28 1959
REGISTRAR'S SIGNATURE: Anna Bedjes
26. FUNERAL DIRECTOR: Ralph M. Wood
ADDRESS: Ralph M. Wood Idaho Falls, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 143
Local Reg. No. 229
Reg. Dist. No. 610

RECEIVED OCT 20 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2838 Lincoln

3. CHILD'S NAME (Type or Print): Valery Jean Olsen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 26, 1959

7. FATHER'S NAME
a. (First): Hazen
b. (Middle):
c. (Last): Olsen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 46 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

12. MOTHER'S MAIDEN NAME
a. (First): Gaila
b. (Middle):
c. (Last): Robinson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 5
b. How many children were born alive but are now dead?:
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?:

17. INFORMANT: Olsen 2838 E. Lincoln Idaho Falls Ida

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital heart disease

20b. MATERNAL CAUSES:

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Chronic pyelonephritis

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if ~~M. Dr.~~ midwife, or other): Emma J. Bell M.D.

23b. DATE SIGNED: 9/29/59

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9/30/59

25c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery

25d. LOCATION (City, town, or county) (State): Lincoln Idaho

DATE REC'D BY LOCAL REG.: Oct. 12-1959

REGISTRAR'S SIGNATURE: Emma Burgess

26. FUNERAL DIRECTOR: Ralph M. Wood

ADDRESS: Ralph M. Wood Idaho Falls, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED OCT 13 1959 Bureau of Vital Statistics

State File No. 144
Local Reg. No. 9
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: County
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 224 1/2- 11 Ave. No.

3. CHILD'S NAME (Type or Print): Curtis William Smith

4. SEX: M
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH: Sept. 2 1959

7. FATHER'S NAME: a. (First) Charles b. (Middle) N. c. (Last) Smith
8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 YEARS
10. BIRTHPLACE (State or foreign country): Fort Payne, Alabama
11a. USUAL OCCUPATION: Carpenter
11b. KIND OF BUSINESS OR INDUSTRY: Mobile home construction

12. MOTHER'S MAIDEN NAME: a. (First) Lavonne b. (Middle) c. (Last) Smith
13. COLOR OR RACE: W

14. AGE (At time of this birth): 18 YEARS
15. BIRTHPLACE (State or foreign country): Nampa, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Charles N. Smith

18a. LENGTH OF PREGNANCY: 33 WEEKS
18b. WEIGHT AT BIRTH: 4 LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ..... No .....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Cessation of Blood Supply
20b. MATERNAL CAUSES: Abruptio Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:25 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. K. Mangum M.D.
23b. DATE SIGNED: 9/4/59
23c. ATTENDANT'S ADDRESS: Nampa Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Sept. 4, 1959
25c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
25d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Sept 25, 1959
REGISTRAR'S SIGNATURE: Mrs. Jane Steele
26. FUNERAL DIRECTOR: John F. Alsip Jr.
ADDRESS: Nampa, Idaho
ALSIP FUNERAL CHAPEL 404-10 Ave. So. Nampa, Idaho

Form DPH-48020

FEB 8 1960

Larry Kroush E-447--Sept. 2, 1959

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 145
Local Reg. No. 70
Reg. Dist. No. 362

RECEIVED OCT 13 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samartan Hosipital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Jane Marie Farwell

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 20, 1959

7. FATHER'S NAME: a. (First) Ruel b. (Middle) A c. (Last) Farwell

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country): Missouri

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Renabel b. (Middle) c. (Last) Graham

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Fruitland, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: X Ruel Farwell

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. ? OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 3-25-59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Asphyxia
Transverse presentation – prolapse of cord

20b. MATERNAL CAUSES: Uterine Contraction ~~[illegible]~~ ring

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Transverse presentation - Prolapse cord

22. STATE ALL OPERATIONS FOR DELIVERY: Version + extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:25 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gerald E. Meeke M.D.

23b. DATE SIGNED: 9-28-59

23c. ATTENDANT'S ADDRESS: Nampa Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 21, 1959

25c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery

25d. LOCATION (City, town, or county) (State): Parma Idaho

DATE REC'D BY LOCAL REG.: Sept. 30, 1959

REGISTRAR'S SIGNATURE: Mrs. Jane Stock

26. FUNERAL DIRECTOR ADDRESS: Peckham-Dakan-Davis Chapel
Caldwell, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 146
Local Reg. No. 11
Reg. Dist. No. 3-6-21

RECEIVED OCT 13 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 311 Fern

3. CHILD'S NAME (Type or Print): Stephen James Clarke

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 24, 1959

7. FATHER'S NAME
a. (First): John
b. (Middle): James
c. (Last): Clarke

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): McDonaldville, Canada

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY: Idaho National Gaurd

12. MOTHER'S MAIDEN NAME
a. (First): Jane
b. (Middle): Marie
c. (Last): Klaus

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Grangeville, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: Two
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: John J. Clarke

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unable to determine - extremely macerated

20b. MATERNAL CAUSES: Rh factor

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:30 P. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): F. A. Koehne M. D.

23b. DATE SIGNED: 9-26-59

23c. ATTENDANT'S ADDRESS: Nampa, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: 9-29-59

25c. NAME OF CEMETERY OR CREMATORY: Lewis Clark Cemetery

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Oct. 1, 1959

REGISTRAR'S SIGNATURE: Mrs. Janet Fleck

26. FUNERAL DIRECTOR: Robert E. Corbett

ADDRESS: NAMPA, IDAHO

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 147
Local Reg. No. 18
Reg. Dist. No. 52

RECEIVED
SEP 21 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 57 West 4th So

3. CHILD'S NAME (Type or Print): Robert Corbridge

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 3, 1959

7. FATHER'S NAME
a. (First): Glenn
b. (Middle): T
c. (Last): Corbridge

8. COLOR OR RACE: White

9. AGE (At time of this birth): 46 YEARS

10. BIRTHPLACE (State or foreign country): Preston, Idaho

11a. USUAL OCCUPATION: Lumber Yard Foreman

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME
a. (First): Marie
b. (Middle): Sparrow
c. (Last): Corbridge

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country): Smithfield, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Glenn T. Corbridge

18a. LENGTH OF PREGNANCY: 35 WEEKS

18b. WEIGHT AT BIRTH: 4 LBS. 8 OZS.

19 Was a standard serological test for syphilis performed? Yes X No ____
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not known (Dead [illegible])

20b. MATERNAL CAUSES: " " " "

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5 [illegible] m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 9/4/59

23c. ATTENDANT'S ADDRESS: [illegible]

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 4, 1959

25c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery

25d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 9-4-1959

REGISTRAR'S SIGNATURE: Eppie W. Brower

26. FUNERAL DIRECTOR: Webb Funeral Home

ADDRESS: Preston, Idaho

R. Kenneth Webb

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 148
Local Reg. No. 7113
Reg. Dist. No. 420

SEP 28 1959
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: GOODING
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GOODING COUNTY MEMORIAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HAGERMAN
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print)

4. SEX

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): SEPTEMBER 2, 1959

7. FATHER'S NAME a. (First): LE ROY b. (Middle): ALVIN c. (Last): OWSLEY

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): EMMETT, IDAHO

11a. USUAL OCCUPATION: DIESEL TRUCK DRIVER

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME a. (First): REVA b. (Middle): MELVERA c. (Last): DAVIS

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): CAREY, IDAHO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Reva Owsley (MOTHER)

18a. LENGTH OF PREGNANCY: 20 WEEKS

18b. WEIGHT AT BIRTH: Approx. 2 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date May 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Immature placenta & cord infarcts

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:40 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Walter E. Anderson MD

23b. DATE SIGNED: 16 Sept 1959

23c. ATTENDANT'S ADDRESS: Gooding, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Disposed of at the Hospital

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG: 9-25-59

REGISTRAR'S SIGNATURE: J H Cromwell M.D.

26. FUNERAL DIRECTOR ADDRESS

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 149
Local Reg. No. 26
Reg. Dist. No. 242

RECEIVED OCT 9 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location): none

3. CHILD'S NAME (Type or Print): ANGELA LORAIN SMITH

~~Baby Girl Smith~~

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Sept (Day) 25 (Year) 1959

7. FATHER'S NAME a. (First) James b. (Middle) H. c. (Last) Smith

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Woodland, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Self Employed

12. MOTHER'S MAIDEN NAME a. (First) Louise b. (Middle) Mae c. (Last) Craven

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): Woodland, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: James H Smith Craigmont Ida.

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: 2 LBS. 12 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: May, 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Prematurity.
20b. MATERNAL CAUSES: Acute respiratory infection

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature rupture membrane

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:25 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): ✓ L B Orr M.D.

23b. DATE SIGNED: Sept 29, 1959

23c. ATTENDANT'S ADDRESS: Cottonwood, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

25b. DATE: 9-25-59

25c. NAME OF CEMETERY OR CREMATORY: Woodland Cemetery

25d. LOCATION (City, town, or county) (State): Woodland, Idaho

DATE REC'D BY LOCAL REG.: Sept 29, 1959

REGISTRAR'S SIGNATURE: Wesley L. Orr MD Lewiston

26. FUNERAL DIRECTOR: Brower-Wann W. E. Black

ADDRESS: Lewiston, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED OCT 5 1959 Bureau of Vital Statistics

State File No. 150
Local Reg. No. 1490
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1136 - 8th Street

3. CHILD'S NAME (Type or Print): STACY LYNN KIPPER

4. SEX: Female

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH: Sept. 16 1959

7. FATHER'S NAME: a. (First) Thornton b. (Middle) John c. (Last) Kipper

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): Wisconsin

11a. USUAL OCCUPATION: Lab Teck.

11b. KIND OF BUSINESS OR INDUSTRY: Paper Mill

12. MOTHER'S MAIDEN NAME: a. (First) Clemma b. (Middle) Jean c. (Last) Knight

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Thornton John Kipper

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 10 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date: Feb 59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Atelectasis

20b. MATERNAL CAUSES: Collision c twin - Premature separation Placenta membranes

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Separation Placenta Twin collision

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:51 P.M. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): Edward E Hoffman M.D.

23b. DATE SIGNED: 9 23 59

23c. ATTENDANT'S ADDRESS: 347 St John Sheylow

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL / TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9-18-59

25c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

25d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 9/29/59

REGISTRAR'S SIGNATURE: Cora Kinzer

26. FUNERAL DIRECTOR: Brower-Wann, W E Black

ADDRESS: Lewiston, Idaho

Form DPH-48020

Dr. Hoffman

157 [illegible]

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 151
Local Reg. No. 201
Reg. Dist. No. 190

RECEIVED OCT 5 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wallace Hospital Clinic

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) Box 848

3. CHILD'S NAME (Type or Print) Joseph Arnold Kolczak

4. SEX m
5a. THIS BIRTH SINGLE ☑ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) 8 (Day) 31 (Year) 59

7. FATHER'S NAME a. (First) John b. (Middle) Warren c. (Last) Kolczak
8. COLOR OR RACE w
9. AGE (At time of this birth) 21 YEARS
10. BIRTHPLACE (State or foreign country) Landsky, Mont
11a. USUAL OCCUPATION Miner
11b. KIND OF BUSINESS OR INDUSTRY Mine

12. MOTHER'S MAIDEN NAME a. (First) Arlene b. (Middle) Katherine c. (Last) Galla
13. COLOR OR RACE w
14. AGE (At time of this birth) 21 YEARS
15. BIRTHPLACE (State or foreign country) Wallace, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Mrs. John Kolczak

18a. LENGTH OF PREGNANCY 40 WEEKS
18b. WEIGHT AT BIRTH 6 LBS. 9½ OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____ Approximate date 3-3-59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES
20b. MATERNAL CAUSES Abruptio Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:58 P.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [illegible] M.D.
23b. DATE SIGNED 9-7-59
23c. ATTENDANT'S ADDRESS Wallace
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE Sept 2-59
25c. NAME OF CEMETERY OR CREMATORY Mullan
25d. LOCATION (City, town, or county) Mullan (State) Idaho

DATE REC'D BY LOCAL REG. 9-10-59
REGISTRAR'S SIGNATURE Dale Harnell
26. FUNERAL DIRECTOR Dale Harnell
ADDRESS Wallace Idaho

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 152
Local Reg. No. 23
Reg. Dist. No. 140

RECEIVED OCT 5 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Sunshine Star Rt.

3. CHILD'S NAME (Type or Print): Karan Marie Story

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 10 1959

7. FATHER'S NAME
a. (First): Marcellus
b. (Middle): Eugene
c. (Last): Story

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Wanbun Minn

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY: Sunshine Mng. Co.

12. MOTHER'S MAIDEN NAME
a. (First): Velda
b. (Middle): Marie
c. (Last): Ball

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Becker County Minn

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: One
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Velda Marie Story Mother

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 3-10-59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES:

20b. MATERNAL CAUSES: Abruptio - Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abruptio - Placenta

22. STATE ALL OPERATIONS FOR DELIVERY: Cesarean Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): H. E. Barnebee M.D.

23b. DATE SIGNED: 9-12-59

23c. ATTENDANT'S ADDRESS: Osburn, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept 10 1959

25c. NAME OF CEMETERY OR CREMATORY: United

25d. LOCATION (City, town, or county) (State): Wallace Idaho

DATE REC'D BY LOCAL REG.: Sept 12 1959

REGISTRAR'S SIGNATURE: Dale F Cornell

26. FUNERAL DIRECTOR: Dale F Cornell

ADDRESS: Wallace Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 153
Local Reg. No. 265
Reg. Dist. No. 460

RECEIVED SEP 25 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 9 1959

7. FATHER'S NAME: a. (First) Ralph b. (Middle) Emerson c. (Last) Love

8. COLOR OR RACE: W

9. AGE (At time of this birth): 45 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Carpenter

11b. KIND OF BUSINESS OR INDUSTRY: Building

12. MOTHER'S MAIDEN NAME: a. (First) Leeta b. (Middle) — c. (Last) Olson

13. COLOR OR RACE: W

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mother Leeta Love

18a. LENGTH OF PREGNANCY: WEEKS 1

18b. WEIGHT AT BIRTH: LBS. 11½ OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxia due to Placenta separation

20b. MATERNAL CAUSES: Placenta Previa & Abruptio Placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Previa Hemorrhage

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): J. Wardsen Creed

23b. DATE SIGNED: 9 Sept 59

23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: J. Wardsen Creed, M.D. TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify):

25b. DATE:

25c. NAME OF CEMETERY OR CREMATORY:

25d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Sept. 17, 1959

REGISTRAR'S SIGNATURE: Lenora Lorman

26. FUNERAL DIRECTOR: J. Wardsen Creed, M.D. Magic Valley Mem. Hosp. Twin Falls

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PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 154
Local Reg. No. 266
Reg. Dist. No. 460

RECEIVED SEP 25 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1046 Blue Lakes Blvd.

3. CHILD'S NAME (Type or Print): Baby Boy Harnar

4. SEX: Male

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) 9 (Day) 11 (Year) 59

7. FATHER'S NAME: a. (First) Clarence b. (Middle) Paul c. (Last) Harnar Jr.

8. COLOR OR RACE: W

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Missouri

11a. USUAL OCCUPATION: assistant Mgr.

11b. KIND OF BUSINESS OR INDUSTRY: Manufacture

12. MOTHER'S MAIDEN NAME: a. (First) Janice b. (Middle) Margaret c. (Last) Leverington

13. COLOR OR RACE: W

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Father

18a. LENGTH OF PREGNANCY: 24 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH (State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapsed Cord with Rupture of Membranes

20b. MATERNAL CAUSES: Marginal Placenta Previa

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Marginal placenta

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Dougl[illegible] [illegible] M.D.

23b. DATE SIGNED: 9/11/59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: J. Woodson Creed, M.D.

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Sept. 17, 1959

REGISTRAR'S SIGNATURE: Geneva O. Gorman

26. FUNERAL DIRECTOR: J. Woodson Creed

ADDRESS: Twin Falls

Magic Valley Mem. Hospital

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 155
Local Reg. No. 404
Reg. Dist. No. 370

RECEIVED NOV 12 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1301 N. 14th St.

3. CHILD'S NAME (Type or Print): INFANT DAUGHTER THOMPSON

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Sept. (Day) 24 (Year) 1959

7. FATHER'S NAME: a. (First) JOSEPH b. (Middle) E. c. (Last) THOMPSON

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country): Louisville, Ky.

11a. USUAL OCCUPATION: Airman

11b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force

12. MOTHER'S MAIDEN NAME: a. (First) VICTORIA b. (Middle) M. c. (Last) MC KENZIE

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Reno, Nevada

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: x Joseph E. Thompson

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date March

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus

20b. MATERNAL CAUSES: 0

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy, craniotomy of fetus

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife or other): Harold B. Hulme M. D.

23b. DATE SIGNED: 11-3-59

23c. ATTENDANT'S ADDRESS: Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9/25/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-6-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Robert E. Dickard REGYEA MORTUARY ADDRESS: Boise, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 156
Local Reg. No. 371
Reg. Dist. No. 370

RECEIVED OCT 12 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2916 Regan St.

3. CHILD'S NAME (Type or Print): CONNIE GWENDOLYN FOSTER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Oct. (Day) 1 (Year) 1959

7. FATHER'S NAME a. (First) WILLIAM b. (Middle) B. c. (Last) FOSTER

8. COLOR OR RACE: White

9. AGE (At time of this birth): 60 YEARS

10. BIRTHPLACE (State or foreign country): Illinois

11a. USUAL OCCUPATION: Lumber Yard Worker

11b. KIND OF BUSINESS OR INDUSTRY: Lumber

12. MOTHER'S MAIDEN NAME a. (First) DELLA b. (Middle) c. (Last) DIXON

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 3
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Robert G. Dickard From Records

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date April 1959.

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None.

20b. MATERNAL CAUSES: Toxemia of Pregnancy

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia - Pre-eclampsia

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): Max L. Bell, M.D.

23b. DATE SIGNED: 10/6/59

23c. ATTENDANT'S ADDRESS: Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10/6/59

25c. NAME OF CEMETERY OR CREMATORY: Meridian

25d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 10-8-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

28. FUNERAL DIRECTOR: Robert G. Dickard RELYEA MORTUARY (ADDRESS) Boise, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 157
Local Reg. No. 62
Reg. Dist. No. 5-10

RECEIVED NOV 24 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 758 North 11th

3. CHILD'S NAME (Type or Print): Baby Girl McCutcheon

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 10 1959

7. FATHER'S NAME: a. (First) Paul b. (Middle) Lawrence c. (Last) McCutcheon

8. COLOR OR RACE: White

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country): Beaver Falls, Penn.

11a. USUAL OCCUPATION: Unemployed

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Margaret b. (Middle) Louise c. (Last) Zinkan

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Brighton Township, Penn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Margaret McCutcheon (Mother)

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anencephaly

20b. MATERNAL CAUSES: Uterine Fibroid

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature (26 wks), Placenta Previa

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:00 p.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD

23b. DATE SIGNED: 11-11-59

23c. ATTENDANT'S ADDRESS: Pocatello, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 10-10-59

25c. NAME OF CEMETERY OR CREMATORY: Bannock Hospital

25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG. NOV 6 1959

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR ADDRESS: [illegible]

Form DPH-48020

APR 18 1960

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 158
Local Reg. No. 61
Reg. Dist. No. 510

RECEIVED NOV 19 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Hillview Trailer Court

3. CHILD'S NAME (Type or Print): David James Hankin

4. SEX: Male
5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): October 23 1959

7. FATHER'S NAME: a. (First) Wesley b. (Middle) Lynn c. (Last) Hankin
8. COLOR OR RACE: White
9. AGE (At time of this birth): 26 YEARS
10. BIRTHPLACE (State or foreign country): Pocatello, Idaho
11a. USUAL OCCUPATION: Specialist
11b. KIND OF BUSINESS OR INDUSTRY: Ford Johnson

12. MOTHER'S MAIDEN NAME: a. (First) Beatrice b. (Middle) Patricia c. (Last) Alleman
13. COLOR OR RACE: White
14. AGE (At time of this birth): 22 YEARS
15. BIRTHPLACE (State or foreign country): Jackson, Wyoming
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Beatrice Hankin

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: 7 LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Torn Vasa Previa of Funiculus with fetal hemorrhage
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Marginal Separation of Placenta
22. STATE ALL OPERATIONS FOR DELIVERY: —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible]
23b. DATE SIGNED: Nov. 5, 1959
23c. ATTENDANT'S ADDRESS: Pocatello, Idaho
If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 10-24-59
25c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
25d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG. NOV 13 1959
REGISTRAR'S SIGNATURE: Gloria Dapita
26. FUNERAL DIRECTOR: [illegible]
ADDRESS: 510 North 12th Pocatello, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 159
Local Reg. No. 18
Reg. Dist. No. 000

RECEIVED OCT 26 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Box 626

3. CHILD'S NAME (Type or Print)

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 29 1959

7. FATHER'S NAME: a. (First) Ralph b. (Middle) Frances c. (Last) Dixey, Jr.

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Daisy b. (Middle) Marie c. (Last) Wenie

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mrs. Nancy McCarty - Mother

18a. LENGTH OF PREGNANCY: 34 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes x No
Approximate date: Aug.

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prolapse of Cord.

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prolapse of Cord. Premature Position, Vertex

22. STATE ALL OPERATIONS FOR DELIVERY: extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:00P m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: Oct. 3, 1959

23c. ATTENDANT'S ADDRESS: Blackfoot

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Sept. 30, 1959

25c. NAME OF CEMETERY OR CREMATORY: Bingham Memorial Hosp.

25d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Oct. 24-1959

REGISTRAR'S SIGNATURE: Mrs Charles E. Parsons

26. FUNERAL DIRECTOR: Carl C. Foster ADDRESS: Box 751, Blackfoot, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 160
Local Reg. No. 124
Reg. Dist. No. 64

RECEIVED OCT 26 1959 Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY: Bingham	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Texas b. COUNTY: Hidalgo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weslaco
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home	d. STREET ADDRESS (If rural, give location): 205 Garza St.

3. CHILD'S NAME (Type or Print): Etor Mario Lopez

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Oct. 18, 1959

7. FATHER'S NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Jose	Encarnacion	Lopez	Mexican

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
41 YEARS	Acati, Jalisco, Mexico	Farm Laborer	Agriculture

12. MOTHER'S MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Julia		Garcia	Mexican

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	Harlingen, Texas	3	1	None

17. INFORMANT: Encarnacion Lopez

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
Full Time	9 LBS. OZS.	Not Known

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Born Dead at Home- No physician in attendance

20b. MATERNAL CAUSES: Probably dead 24 to 48 hours before birth.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE: Earl Rodgers (Specify if M. D., midwife, or other): Coroner- Bingham County.

23b. DATE SIGNED: 10-19-59

23c. ATTENDANT'S ADDRESS: Blackfoot, Idaho

If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	10-19-59	Riverside-Thomas Cemetery	Blackfoot, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
Oct. 19-1959	Mrs Leslie E Robinson	John C. Sandberg	Blackfoot, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 161
Local Reg. No. 368
Reg. Dist. No. 610

RECEIVED NOV 24 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 1250 Carson

3. CHILD'S NAME (Type or Print): Cook

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): September 13 1959

7. FATHER'S NAME: a. (First) William b. (Middle) Eugene c. (Last) Cook

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country): Hope, Arkansas

11a. USUAL OCCUPATION: Sign Designer

11b. KIND OF BUSINESS OR INDUSTRY: Riv-eon Sign Co.

12. MOTHER'S MAIDEN NAME: a. (First) Malorie b. (Middle) c. (Last) Marshall

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Malorie Marshall

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: June, 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Not determined

20b. MATERNAL CAUSES: Not determined

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): David H. Smith M.D.

23b. DATE SIGNED: 11-12-59

23c. ATTENDANT'S ADDRESS: Idaho Falls Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremated

25b. DATE: 9-14-59

25c. NAME OF CEMETERY OR CREMATORY: L.D.S. Hospital

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 19. '59

REGISTRAR'S SIGNATURE: Emma Bridges

26. FUNERAL DIRECTOR: none

ADDRESS

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 162
Local Reg. No. 217
Reg. Dist. No. 670

RECEIVED OCT 12 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural – Grouse
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or Print) Mona Louise Marcroft

4. SEX Female
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) Oct. (Day) 7th (Year) 1959

7. FATHER'S NAME a. (First) Gary b. (Middle) Curtis c. (Last) Marcroft
8. COLOR OR RACE White

9. AGE (At time of this birth) 18 YEARS
10. BIRTHPLACE (State or foreign country) Idaho
11a. USUAL OCCUPATION Ranching
11b. KIND OF BUSINESS OR INDUSTRY Cattle

12. MOTHER'S MAIDEN NAME a. (First) Billye b. (Middle) Drue c. (Last) Price
13. COLOR OR RACE White

14. AGE (At time of this birth) 17 YEARS
15. BIRTHPLACE (State or foreign country) Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Gary Marcroft

18a. LENGTH OF PREGNANCY 28 WEEKS
18b. WEIGHT AT BIRTH 4 LBS. 7½ OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date May 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Premature separation of the placenta
20b. MATERNAL CAUSES Car accident with severe contusions, generalized 2 days before.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none
22. STATE ALL OPERATIONS FOR DELIVERY —

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:30 A.m.

23a. ATTENDANT'S SIGNATURE W. C. Goddard (Specify if M. D., midwife, or other)
23b. DATE SIGNED 7 Oct 1959
23c. (ATTENDANT'S ADDRESS) Idaho Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial
25b. DATE 10-10-59
25c. NAME OF CEMETERY OR CREMATORY Mt. McCaleb Cem.
25d. LOCATION (City, town, or county) Mackay, (State) Idaho

DATE REC'D BY LOCAL REG. Oct. 9-1959
REGISTRAR'S SIGNATURE Emma Budge
26. FUNERAL DIRECTOR Howard Packham
ADDRESS Blackfoot, Ida.

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED NOV 23 1959 Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 163
Local Reg. No. 62
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE, IDA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLENNS FERRY
d. STREET ADDRESS (If rural, give location): 125 ELMORE STREET

3. CHILD'S NAME (Type or Print): DIANNA LOUISE FRY

4. SEX: FEMALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): OCTOBER 17 1959

7. FATHER'S NAME: a. (First) DARRELL b. (Middle) LLOYD c. (Last) FRY

8. COLOR OR RACE: CAU

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): INDIANA, FULTON COUNTY

11a. USUAL OCCUPATION: USAF

11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME: a. (First) WILNETTA b. (Middle) LOUISE c. (Last) FRY

13. COLOR OR RACE: CAU

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): INDIANA, ROCHESTER

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? THREE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT: Wilnetta L. Fry (MOTHER)

18a. LENGTH OF PREGNANCY: 34 WEEKS

18b. WEIGHT AT BIRTH: 0 LBS. 12 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 29 MAY 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: UNKNOWN

20b. MATERNAL CAUSES: RH INCOMPATIBILITY

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: FETAL DEATH IN UTERO AT 26 WEEKS

22. STATE ALL OPERATIONS FOR DELIVERY: NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:14 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 18 OCTOBER 1959

23c. ATTENDANT'S ADDRESS: MT HOME AFB, IDAHO

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: 11-13-59

25c. NAME OF CEMETERY OR CREMATORY: Mt. View Memorial

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Nov 12 1959

REGISTRAR'S SIGNATURE: T. Anderson

26. FUNERAL DIRECTOR: Arthur Smith

ADDRESS: Bay Mortuary Mt. Home, Ida.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 164
Local Reg. No. 112
Reg. Dist. No. 200

RECEIVED OCT 22 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Princeton, Idaho
d. STREET ADDRESS (If rural, give location) Rt. 1

3. CHILD'S NAME (Type or Print) Denise Lyla Thaves

4. SEX Female
5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year) 10 - 17 - 59

7. FATHER'S NAME a. (First) Delwyn b. (Middle) Lamar c. (Last) Thaves
8. COLOR OR RACE white

9. AGE (At time of this birth) 30 YEARS
10. BIRTHPLACE (State or foreign country) Tekoa, Wash.
11a. USUAL OCCUPATION Logger
11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) Beverly b. (Middle) Lee c. (Last) Redmond
13. COLOR OR RACE white

14. AGE (At time of this birth) 25 YEARS
15. BIRTHPLACE (State or foreign country) Bonners Ferry, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? Four -
b. How many children were born alive but are now dead? One
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT Beverly L. Thaves (mother)

18a. LENGTH OF PREGNANCY 21 WEEKS
18b. WEIGHT AT BIRTH 1 LBS. 10½ OZS.
19 Was a standard serological test for syphilis performed? Yes..... No. ✓
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES None
20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:40 a. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)
23b. DATE SIGNED
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL [signature]
TITLE MD

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
25b. DATE 10-17-1959
25c. NAME OF CEMETERY OR CREMATORY Gritman Hospital
25d. LOCATION (City, town, or county) Moscow, (State) Idaho

DATE REC'D BY LOCAL REG. 10/21/59
REGISTRAR'S SIGNATURE [signature]
26. FUNERAL DIRECTOR
ADDRESS Moscow, Idaho

Form DPH-48020

JUN 1 6 2014

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 165
Local Reg. No. 161
Reg. Dist. No. 220

RECEIVED OCT 19 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 422 S. 1st

3. CHILD'S NAME (Type or Print): CYNTHIA ANN WESTERMIER

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 2, 1959

7. FATHER'S NAME: a. (First) ERWIN b. (Middle) O c. (Last) WESTERMIER

8. COLOR OR RACE: White

9. AGE (At time of this birth): 42 YEARS

10. BIRTHPLACE (State or foreign country): St. Charles, Missouri

11a. USUAL OCCUPATION: Contractor

11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) FELICE b. (Middle) M c. (Last) SWARTZ

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Ferdinand, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 2
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Erwin Westermier Grangeville Ida

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: not weighed LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date 4/17/59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY: C. Section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:55 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. F. Cure MD

23b. DATE SIGNED: 10/6/59

23c. ATTENDANT'S ADDRESS: Lewiston, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

25b. DATE: 10/3/59

25c. NAME OF CEMETERY OR CREMATORY: Prairieview Cemetery

25d. LOCATION (City, town, or county) (State): Grangeville, Idaho.

DATE REC'D BY LOCAL REG.: 10/9/59

REGISTRAR'S SIGNATURE: Cora Kinzer

26. FUNERAL DIRECTOR: John Acker

ADDRESS: Grangeville Ida

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 166
Local Reg. No. 413
Reg. Dist. No. 370

RECEIVED NOV 16 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1921 N. 8th

3. CHILD'S NAME (Type or Print): John Dunn

4. SEX: Male

5a. THIS BIRTH: SINGLE [#] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 3 1959

7. FATHER'S NAME: a. (First) David b. (Middle) R. c. (Last) Dunn

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country): Logan Utah

11a. USUAL OCCUPATION: Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Clothing

12. MOTHER'S MAIDEN NAME: a. (First) Juanita b. (Middle) Elizabeth c. (Last) Richard

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): Washington D. C.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: x David R. Dunn

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Transverse presentation

20b. MATERNAL CAUSES: Abolatio placenta

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Cesarean section

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Bruce S. Dodge M.D.

23b. DATE SIGNED: 9 Nov. 59

23c. ATTENDANT'S ADDRESS: 620 Hays - Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Nov. 5 1959

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 11-12-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: Schreiber and Gibson Daniel G. Gibson

ADDRESS: Boise

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED NOV 12 1959 Bureau of Vital Statistics

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 167
Local Reg. No. 412
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4609 Normandie Dr.

3. CHILD'S NAME (Type or Print): BABY BOY SPARKS

4. SEX: male

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 11 4 1959

7. FATHER'S NAME: a. (First) Richard b. (Middle) c. (Last) Sparks

8. COLOR OR RACE: white

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): Caldwell Ida

11a. USUAL OCCUPATION: wilderness

11b. KIND OF BUSINESS OR INDUSTRY: Snake River Mutual

12. MOTHER'S MAIDEN NAME: a. (First) Laura b. (Middle) Louise c. (Last) Nevin

13. COLOR OR RACE: white

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Pennsylvania

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Richard A. Sparks Jr

18a. LENGTH OF PREGNANCY: 4 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date July 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis ?

20b. MATERNAL CAUSES: None except Rh incompatibility

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Umbilical Cord tightly around fetal neck

22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:55 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): James C. F. Chapman, M.D.

23b. DATE SIGNED: Nov 5, 1959

23c. ATTENDANT'S ADDRESS: 310 Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): ~~CEMETERY OR~~ CREMATORY

25b. DATE: 11-5-59

25c. NAME OF ~~CEMETERY OR~~ CREMATORY: St. Lukes Hospital

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-10-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: C. Dale McMurray

ADDRESS: Boise Idaho

Form DPH-48020

PHS-797(VS) Nonfarm
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 168
Local Reg. No. 417
Reg. Dist. No. 370

RECEIVED NOV 18 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nyssa
d. STREET ADDRESS (If rural, give location): 703 King Avenue

3. CHILD'S NAME (Type or Print): MARY LEE LANDRETH

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 11 (Day) 5 (Year) 59

7. FATHER'S NAME: a. (First) Charles b. (Middle) c. (Last) Landreth

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country): Nebraska

11a. USUAL OCCUPATION: Car Salesman

11b. KIND OF BUSINESS OR INDUSTRY: Automobile

12. MOTHER'S MAIDEN NAME: a. (First) Alma b. (Middle) Lee c. (Last) Diven

13. COLOR OR RACE: White

14. AGE (At time of this birth): 33 YEARS

15. BIRTHPLACE (State or foreign country): Nyssa, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: B. Kershaw Nyssa, Ore.

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 12 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date: May 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None

20b. MATERNAL CAUSES: Premature separation of placenta

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature rupture of membranes

22. STATE ALL OPERATIONS FOR DELIVERY: Version and extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Clayton C. Morgan M.D.

23b. DATE SIGNED: 10 Nov 1959

23c. ATTENDANT'S ADDRESS: Boise Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: 11/6/59

25c. NAME OF CEMETERY OR CREMATORY: Nyssa Cemetery

25d. LOCATION (City, town, or county) (State): Nyssa, Oregon

DATE REC'D BY LOCAL REG.: 11-14-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: C. M. Warlick SUMMERS FUNERAL HOME

ADDRESS: Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 169
Local Reg. No. 455
Reg. Dist. No. 370

RECEIVED DEC 15 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5217 Wolfe St.

3. CHILD'S NAME (Type or Print): Baby Beaver

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 16, 1959

7. FATHER'S NAME: a. (First) Tony b. (Middle) James c. (Last) Beaver

8. COLOR OR RACE: White

9. AGE (At time of this birth): 47 YEARS

10. BIRTHPLACE (State or foreign country): Johnsonburg, Penn.

11a. USUAL OCCUPATION: Bookkeeper

11b. KIND OF BUSINESS OR INDUSTRY: Lease and rental

12. MOTHER'S MAIDEN NAME: a. (First) Alma b. (Middle) Elizabeth c. (Last) Kaeppner

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country): Columbus, Ohio

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? One
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Mary [illegible]

18a. LENGTH OF PREGNANCY: 29 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date July 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Vasa previa

20b. MATERNAL CAUSES: Partial separation of placenta

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Prematurity

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Harold B. Hulse, M. D.

23b. DATE SIGNED: 11-18-59

23c. ATTENDANT'S ADDRESS: Boise, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Nov. 20, 1959

25c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cem.

25d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 12-5-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR ADDRESS: Schreiber-Gibson Funeral Home, Boise

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 170
Local Reg. No. 437
Reg. Dist. No. 370

RECEIVED DEC 1 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 208 W. 42nd St.

3. CHILD'S NAME (Type or Print): Timothy Douglas Anderson

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 19, 1959

7. FATHER'S NAME: a. (First) Harry b. (Middle) Eugene c. (Last) Anderson
8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS
10. BIRTHPLACE (State or foreign country): Kuna, Idaho
11a. USUAL OCCUPATION: Cat Operator
11b. KIND OF BUSINESS OR INDUSTRY: Construction

12. MOTHER'S MAIDEN NAME: a. (First) Muriel b. (Middle) Ethelynd c. (Last) Betournay
13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS
15. BIRTHPLACE (State or foreign country): Boise, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Harry E. Anderson

18a. LENGTH OF PREGNANCY WEEKS
18b. WEIGHT AT BIRTH LBS. OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date Sept 1-59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Congenital atresia trachea
Mild Hydrocephalus
20b. MATERNAL CAUSES: Mod. Polyhydramnios

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
22. STATE ALL OPERATIONS FOR DELIVERY: Spontaneous Breech

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Carl B. Smithson MD
23b. DATE SIGNED: 11-20-59
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: Nov. 21, 1959
25c. NAME OF CEMETERY OR CREMATORY: Dry Creek
25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-24-59
REGISTRAR'S SIGNATURE: Myrtle Palmer
26. FUNERAL DIRECTOR: A. E. Alden
ADDRESS: Boise
McBratney-Alden Chapel

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 171
Local Reg. No. 445
Reg. Dist. No. 370

RECEIVED DEC 1 1959 Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2723 Weaver Circle

3. CHILD'S NAME (Type or Print): Baby Boy BICKEL

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 22, 1959

7. FATHER'S NAME: a. (First) Dwight b. (Middle) F. c. (Last) Bickel

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Coles Co., Illinois

11a. USUAL OCCUPATION: Attorney

11b. KIND OF BUSINESS OR INDUSTRY: Law

12. MOTHER'S MAIDEN NAME: a. (First) Barbara b. (Middle) C. c. (Last) Alexander

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Charlston, Illinois

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Dwight F. Bickel

18a. LENGTH OF PREGNANCY: 42 WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 9 OZS.

19. Was a standard serological test for syphilis performed? Yes X No
Approximate date August 11, 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Unknown Post maturity syndrome ?

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Intra uterine death 2 days prior to delivery

22. STATE ALL OPERATIONS FOR DELIVERY: Mid line episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Clayton C. Morgan M.D.

23b. DATE SIGNED: 11/24/59

23c. ATTENDANT'S ADDRESS: 6613 Ustick Road, Boise

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11/24/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 11-30-59

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: [illegible] ADDRESS: Boise, Idaho
SUMMERS FUNERAL HOME

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 172
Local Reg. No. 64
Reg. Dist. No. 54

RECEIVED DEC 21 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 1365 First St.

3. CHILD'S NAME (Type or Print): Baby Girl Thistle

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 30 1959

7. FATHER'S NAME: a. (First) Charles b. (Middle) Lindley c. (Last) Thistle

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country): Lewiston, Maine

11a. USUAL OCCUPATION: U.S. Navy

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Joan b. (Middle) Marilyn c. (Last) Stanley

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Kennebunk, Maine

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mrs. Joan Thistle (Mother)

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH LBS. OZS.:

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis Fetalis.

20b. MAURNAL CAUSES: Rh - sensitized

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Rh - Sensitization

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] M.D.

23b. DATE SIGNED: 11-10-59

23c. ATTENDANT'S ADDRESS

IF NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE: Oct 30, 1959

25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hosp.

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: DEC 15 1959

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR ADDRESS: [illegible]

Form DPH-48020

Files

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4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 173
Local Reg. No. 270
Reg. Dist. No. 610

RECEIVED DEC 1 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1651 South Blvd.

3. CHILD'S NAME (Type or Print): Baby WHITWORTH

4. SEX: FEM.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Sept. 29, 1959

7. FATHER'S NAME: a. (First) Charles b. (Middle) Austin c. (Last) Whitworth

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): East Prov. Rhode Island

11a. USUAL OCCUPATION: U.S. Navy

11b. KIND OF BUSINESS OR INDUSTRY: Federal Gov.

12. MOTHER'S MAIDEN NAME: a. (First) Doris b. (Middle) Marie c. (Last) Totaro

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country): Baltimore, Maryland

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Charles A. Whitworth

18a. LENGTH OF PREGNANCY: 32 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intrauterine anoxia

20b. MATERNAL CAUSES: Diabetic coma

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Diabetes

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Erwin S. Bills M.D.

23b. DATE SIGNED: 11/12/59

23c. ATTENDANT'S ADDRESS: Idaho Falls Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Sept. 30-59

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Nov. 22-59

REGISTRAR'S SIGNATURE: Anna Budge

26. FUNERAL DIRECTOR: Orland C. Buck

ADDRESS: Idaho Falls Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 275174
Local Reg. No. 27
Reg. Dist. No. 6/0

RECEIVED DEC 1 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 365 Lincoln Drive

3. CHILD'S NAME (Type or Print): SANDRA JEAN SHOGREN

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): October 27 1959

7. FATHER'S NAME: a. (First) Howard b. (Middle) Allan c. (Last) Shogren

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Livingston, Montana

11a. USUAL OCCUPATION: Chemist

11b. KIND OF BUSINESS OR INDUSTRY: Atomic Energy

12. MOTHER'S MAIDEN NAME: a. (First) Marjorie b. (Middle) c. (Last) Adams

13. COLOR OR RACE: White

14. AGE (At time of this birth): 34 YEARS

15. BIRTHPLACE (State or foreign country): Columbus, Montana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Howard A. Shogren

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Intra uterine anoxia

20b. MATERNAL CAUSES: Abruptio placentae

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abruptio placentae

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE: Erwin S. Bell (Specify if M. D., midwife, or other) M. D.

23b. DATE SIGNED: 11/12/59

23c. ATTENDANT'S ADDRESS: Idaho Falls Ida

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Oct. 29, 1959

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Nov. 22-1959

REGISTRAR'S SIGNATURE: Anna Budge

26. FUNERAL DIRECTOR: Orland C. Beck

ADDRESS: Idaho Falls, Idaho

Form DPH-48020

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PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 175
Local Reg. No. 262
Reg. Dist. No. 610

RECEIVED DEC 1 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): West Main Street

3. CHILD'S NAME (Type or Print): GEORGE ELLIS BATH

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): November 7 1959

7. FATHER'S NAME
a. (First): Roy
b. (Middle): Allen
c. (Last): Bath

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country): Idaho

11a. USUAL OCCUPATION: Operating Engineer

11b. KIND OF BUSINESS OR INDUSTRY: Road Construction

12. MOTHER'S MAIDEN NAME
a. (First): Loretta
b. (Middle): Elnora
c. (Last): James

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Roy Allen Bath

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Abruptio Placenta

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Thizel M. Leach M. D.

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal & B.

25b. DATE: Nov. 9, 1959

25c. NAME OF CEMETERY OR CREMATORY: Lava Hot Springs

25d. LOCATION (City, town, or county) (State): Lava Hot Springs Idaho

DATE REC'D BY LOCAL REG.: Nov. 9-1959

REGISTRAR'S SIGNATURE: Anna Bridges

26. FUNERAL DIRECTOR: Orland C. Buck

ADDRESS: Idaho Falls, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 176
Local Reg. No. 12
Reg. Dist. No. 363

RECEIVED DEC 11 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2814 Rosehill

3. CHILD'S NAME (Type or Print): DAVID MONTANO

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☒ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☒ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): November 29, 1959

7. FATHER'S NAME
a. (First): Florentino
b. (Middle): *******
c. (Last): Montano

8. COLOR OR RACE: Spanish

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): New Mexico

11a. USUAL OCCUPATION: Baker

11b. KIND OF BUSINESS OR INDUSTRY: Albertson's

12. MOTHER'S MAIDEN NAME
a. (First): Emma
b. (Middle): I.
c. (Last): Vigil

13. COLOR OR RACE: Spanish

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): New Mexico

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT
X Valentino Montano

18a. LENGTH OF PREGNANCY: 37 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 1 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES: Premature separation of placenta

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Second twin

22. STATE ALL OPERATIONS FOR DELIVERY: Breech delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:40 A. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gerald E. Weesche M.D.

23b. DATE SIGNED: 12-1-59

23c. ATTENDANT'S ADDRESS: Nampa Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-1-59

25c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Dec 7, 1959

REGISTRAR'S SIGNATURE: Mrs. Jane Fuch

26. FUNERAL DIRECTOR: Robert F. Cowbard

ADDRESS: Shepherd Mortuary Nampa, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 177
Local Reg. No. 138
Reg. Dist. No. 210

RECEIVED NOV 10 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 1320 Ellis St.

3. CHILD'S NAME (Type or Print): BABY BOY COX

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 4, 1959

7. FATHER'S NAME: a. (First) Melvin b. (Middle) G. c. (Last) Cox

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): Payette, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: Lumbering

12. MOTHER'S MAIDEN NAME: a. (First) Lucille b. (Middle) R. c. (Last) Rambeau

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country): Orofino, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: X Melvin Gene Cox

18a. LENGTH OF PREGNANCY: 38-40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date April 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Placenta Placental separation

20b. MATERNAL CAUSES: Ruptured uterus through c-section scar

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: rupture of uterus

22. STATE ALL OPERATIONS FOR DELIVERY: C section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Ira Connell M.D.

23b. DATE SIGNED: 11-6-59

23c. ATTENDANT'S ADDRESS: Orofino, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 10-7-59

25c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

25d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Nov. 6, 1959

REGISTRAR'S SIGNATURE: Ruth Zeller

26. FUNERAL DIRECTOR: M. E. Gilbert

ADDRESS: Orofino

Gilbert's Funeral Chapel

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 178
Local Reg. No. 147
Reg. Dist. No. 210

RECEIVED DEC 2 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY BOY HUTCHINS

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 11-25-1959

7. FATHER'S NAME
a. (First): Elwin
b. (Middle):
c. (Last): Hutchins

8. COLOR OR RACE: W

9. AGE (At time of this birth): 22 YEARS

10. BIRTHPLACE (State or foreign country): Orofino, Idaho

11a. USUAL OCCUPATION: Woodsworker

11b. KIND OF BUSINESS OR INDUSTRY: Lumbering

12. MOTHER'S MAIDEN NAME
a. (First): Rose
b. (Middle): Lorraine
c. (Last): Teed

13. COLOR OR RACE: W

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: M. E. Gilbert

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Erythroblastosis fetalis

20b. MAINTAL CAUSES: Sure + severe toxemia

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: See above

22. STATE ALL OPERATIONS FOR DELIVERY: none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 p. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Rue Connell, M. D.

23b. DATE SIGNED: 11-27-59

23c. ATTENDANT'S ADDRESS: Orofino, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 11-28-59

25c. NAME OF CEMETERY OR CREMATORY: Weippe Cemetery

25d. LOCATION (City, town, or county) (State): Weippe Idaho

DATE REC'D BY LOCAL REG.: 11-27-59

REGISTRAR'S SIGNATURE: Ruth Zeller

26. FUNERAL DIRECTOR: M. E. Gilbert

ADDRESS: Orofino

Gilbert's Funeral Chapel

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED NOV 19 1959 Bureau of Vital Statistics

State File No. 179
Local Reg. No. 77
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Gleason

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Nov. 11 1959

7. FATHER'S NAME a. (First) b. (Middle) c. (Last):

8. COLOR OR RACE:

9. AGE (At time of this birth) YEARS:

10. BIRTHPLACE (State or foreign country):

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME a. (First): Winifred b. (Middle): L. c. (Last): Snyder

13. COLOR OR RACE: W

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 4
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Winifred L. Gleason

18a. LENGTH OF PREGNANCY: 26 WEEKS

18b. WEIGHT AT BIRTH: LBS. 13 OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: 10 NOV 59

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: NONE

20b. MATERNAL CAUSES: Endometritis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Rupture Membranes

22. STATE ALL OPERATIONS FOR DELIVERY: NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): William H. Cone M.D.

23b. DATE SIGNED: 11 Nov 59

23c. ATTENDANT'S ADDRESS: Grangeville, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Pathologist

25b. DATE: 11-12-59

25c. NAME OF CEMETERY OR CREMATORY: D.K. Merkley - M.D.

25d. LOCATION (City, town, or county) (State): Lewiston Idaho

DATE REC'D BY LOCAL REG.: Nov. 13, 1959

REGISTRAR'S SIGNATURE: Irma Cone

26. FUNERAL DIRECTOR ADDRESS:

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 130
Local Reg. No. 122
Reg. Dist. No. 200

RECEIVED NOV 30 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Washington
b. COUNTY Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pullman
d. STREET ADDRESS (If rural, give location) 1505 Fisk

3. CHILD'S NAME (Type or Print) No name

4. SEX M.

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 30, 1959

7. FATHER'S NAME a. (First) Thomas b. (Middle) Iver c. (Last) Gunn

8. COLOR OR RACE White

9. AGE (At time of this birth) 34 YEARS

10. BIRTHPLACE (State or foreign country) Richfield, Utah

11a. USUAL OCCUPATION Assistant Prof.

11b. KIND OF BUSINESS OR INDUSTRY Wash. State U.

12. MOTHER'S MAIDEN NAME a. (First) Joan b. (Middle) — c. (Last) Munk

13. COLOR OR RACE White

14. AGE (At time of this birth) 28 YEARS

15. BIRTHPLACE (State or foreign country) Logan, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT Joan M Gunn mother

18a. LENGTH OF PREGNANCY 38 WEEKS

18b. WEIGHT AT BIRTH 3 LBS. — OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Unknown

20b. MATERNAL CAUSES Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None

22. STATE ALL OPERATIONS FOR DELIVERY None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:55 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Lakel J. Stephens M.D.

23b. DATE SIGNED 11-30-59

23c. ATTENDANT'S ADDRESS Moscow

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE Oct. 30, 1959

25c. NAME OF CEMETERY OR CREMATORY Hosp.

25d. LOCATION (City, town, or county) (State) Moscow Latah Idaho

DATE REC'D BY LOCAL REG. 11/27/59

REGISTRAR'S SIGNATURE Lois E. Skaug

26. FUNERAL DIRECTOR ADDRESS

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 181
Local Reg. No. 327
Reg. Dist. No. 460

RECEIVED DEC 11 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 140 Alexander St.

3. CHILD'S NAME (Type or Print): Richard Thomas Jennings Jr.

4. SEX: male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): 11-24-1959

7. FATHER'S NAME: a. (First) Richard b. (Middle) T. c. (Last) Jennings
8. COLOR OR RACE: White
9. AGE (At time of this birth): 18 YEARS
10. BIRTHPLACE (State or foreign country): Missouri
11a. USUAL OCCUPATION: Laborer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Carol b. (Middle) Jean c. (Last) Black
13. COLOR OR RACE: White
14. AGE (At time of this birth): 14 YEARS
15. BIRTHPLACE (State or foreign country): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Sister Ella R. Johnson

18a. LENGTH OF PREGNANCY: 36 WEEKS
18b. WEIGHT AT BIRTH: 7 LBS. 4¾ OZS.
19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Anoxia at death Congenital Abnormality
20b. MATERNAL CAUSES: none —

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature del.
22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Garnard C. Luke M.D.
23b. DATE SIGNED: 11/25/59
23c. ATTENDANT'S ADDRESS: Twin Falls, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 11/25/59
25c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
25d. LOCATION (City, town, or county) (State): T. Falls Idaho

DATE REC'D BY LOCAL REG.: Nov. 27, 1959
REGISTRAR'S SIGNATURE: Senora O. Gorman
26. FUNERAL DIRECTOR: James C. Reynolds
ADDRESS: Twin Falls, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 182
Local Reg. No. 490
Reg. Dist. No. 370

RECEIVED JAN 21 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Lukes Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 610 Warren

3. CHILD'S NAME (Type or Print): CELESTE ELAINE JOHNSON

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 29, 1959

7. FATHER'S NAME
a. (First): Franklin
b. (Middle):
c. (Last): Johnson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): Vicking, Minnesota

11a. USUAL OCCUPATION: T. V. Tech.

11b. KIND OF BUSINESS OR INDUSTRY: Television

12. MOTHER'S MAIDEN NAME
a. (First): Delphia
b. (Middle):
c. (Last): Pearson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country): Warren, Minnesota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Franklin R. Johnson

18a. LENGTH OF PREGNANCY: 30 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 9 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date Aug 12 - 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES: Cord wrapped around [redacted] leg.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Premature Rupture Membranes - 6 mos

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:00 A.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): B. L. Trowbrid MD

23b. DATE SIGNED: 31 Dec 59

23c. ATTENDANT'S ADDRESS: 290 C Overland Rd

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12/31/59

25c. NAME OF CEMETERY OR CREMATORY: Cloverdale

25d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-8-60

REGISTRAR'S SIGNATURE: Myrtle Palmer

26. FUNERAL DIRECTOR: C. Lee Summers

ADDRESS: SUMMERS FUNERAL HOME Boise, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 183
Local Reg. No. 65
Reg. Dist. No. 511

RECEIVED JAN 21 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall, Idaho
d. STREET ADDRESS (If rural, give location): Gen. Del.

3. CHILD'S NAME (Type or Print): Stone

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 11 (Day) 15 (Year) 59

7. FATHER'S NAME: a. (First) Leonard b. (Middle) c. (Last) Stone

8. COLOR OR RACE: Indian

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Fort Hall, Ida.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Self

12. MOTHER'S MAIDEN NAME: a. (First) Lydia b. (Middle) c. (Last) George

13. COLOR OR RACE: Indian

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Fort Hall, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 6
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT: Lydia G. Stone

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 11-16-59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Premature separation of placenta

20b. MATERNAL CAUSES: None.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: no prenatal care

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE: D. R. Deaine (Specify if M. D., midwife, or other): M.D.

23b. DATE SIGNED: 19 December 59

23c. ATTENDANT'S ADDRESS: Gloria Do

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: JAN 19 1960

REGISTRAR'S SIGNATURE: Gloria Deputy

26. FUNERAL DIRECTOR: ADDRESS

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED DEC 21 1959 Bureau of Vital Statistics

State File No. 184
Local Reg. No. 63
Reg. Dist. No. 511

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): Baby Boy Campbell

4. SEX: male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH: (Month) 12 (Day) 12 (Year) 59

7. FATHER'S NAME: a. (First) Robert b. (Middle) Davis c. (Last) Campbell

8. COLOR OR RACE: white

9. AGE (At time of this birth): 23 YEARS

10. BIRTHPLACE (State or foreign country): Am. Falls, Idaho

11a. USUAL OCCUPATION: Postal employee

11b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

12. MOTHER'S MAIDEN NAME: a. (First) Gwen b. (Middle) Audene c. (Last) Christensen

13. COLOR OR RACE: white

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country): Am. Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: x Robert D. Campbell

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 5 LBS. 6 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date 6/25/59

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Torsion of Cord.

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR:

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): George J. Cox MD

23b. DATE SIGNED: 12/16/59

23c. ATTENDANT'S ADDRESS: Pocatello

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-15-59

25c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery

25d. LOCATION (City, town, or county): American Falls (State): Idaho

DATE REC'D BY LOCAL REG.: DEC 17 1959

REGISTRAR'S SIGNATURE: Gloria Dopita

26. FUNERAL DIRECTOR: W Dunn

ADDRESS: Am. Falls, Ida.

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 185
Local Reg. No. 37
Reg. Dist. No. 410

RECEIVED DEC 30 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location): Box I22 Sun Valley

3. CHILD'S NAME (Type or Print): Baby Turner

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) I2 (Day) I6 (Year) I959

7. FATHER'S NAME: a. (First) Arthur b. (Middle) Dell c. (Last) Turner

8. COLOR OR RACE: White

9. AGE (At time of this birth): 23 Yrs YEARS

10. BIRTHPLACE (State or foreign country): Fairfield, Idaho

11a. USUAL OCCUPATION: Saw-Mill Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Betty b. (Middle) Vernette c. (Last) Davis

13. COLOR OR RACE: White

14. AGE (At time of this birth): I9 Yrs YEARS

15. BIRTHPLACE (State or foreign country): Hailey, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? None
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Rob Turner

18a. LENGTH OF PREGNANCY WEEKS:

18b. WEIGHT AT BIRTH: I LBS. 8 OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Prematurity

20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY:

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): G. Bowers MD

23b. DATE SIGNED: 12. 24. 59

23c. ATTENDANT'S ADDRESS: Sun Valley

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 12-18-59

25c. NAME OF CEMETERY OR CREMATORY: Baby Row - Hailey

25d. LOCATION (City, town, or county): Hailey (State): Idaho

DATE REC'D BY LOCAL REG.: Dec. 26-59

REGISTRAR'S SIGNATURE: Robert H. Wright - Per Ray McGoldrick Deputy

26. FUNERAL DIRECTOR: Ray McGoldrick

ADDRESS: Hailey

Form DPH-48020

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 186
Local Reg. No. 297
Reg. Dist. No. 6.1.0

RECEIVED DEC 24 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho Falls L. D. S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 364 W. 17th Street

3. CHILD'S NAME (Type or Print): VICTOR RAYMOND ENGSTROM

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 1 1959

7. FATHER'S NAME: a. (First) Raymond b. (Middle) Arvid c. (Last) Engstrom

8. COLOR OR RACE: White

9. AGE (At time of this birth): 46 YEARS

10. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

11a. USUAL OCCUPATION: Station Manager

11b. KIND OF BUSINESS OR INDUSTRY: Produce Brokerage

12. MOTHER'S MAIDEN NAME: a. (First) Evelyn b. (Middle) Elizabeth c. (Last) Carlson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Ray Engstrom

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Shoulder Dystocia Mild fetal hydrops

20b. MATERNAL CAUSES

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Dystocia Shoulder.

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE: J. D. Dann (Specify if M. D., midwife, or other) M. D.

23b. DATE SIGNED: 12.12.59

23c. ATTENDANT'S ADDRESS: Idaho Falls, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 2, 1959

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 18-1959

REGISTRAR'S SIGNATURE: Anna Bridges

26. FUNERAL DIRECTOR: Orland C. Buck

ADDRESS: Idaho Falls, Idaho

Form DPH-48020

- Mr. Harris -
Flower lane.

PHS-797(VS)
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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 187
Local Reg. No. 303
Reg. Dist. No. 610

RECEIVED JAN 5 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1060 Brower Drive

3. CHILD'S NAME (Type or Print): James Perkins

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 5 1959

7. FATHER'S NAME: a. (First) Lowell b. (Middle) W c. (Last) Perkins

8. COLOR OR RACE: White

9. AGE (At time of this birth): 48 YEARS

10. BIRTHPLACE (State or foreign country): Montpelier, Idaho

11a. USUAL OCCUPATION: Maint. Toll Equip.

11b. KIND OF BUSINESS OR INDUSTRY: Telephone Company

12. MOTHER'S MAIDEN NAME: a. (First) Floretta b. (Middle) c. (Last) Humphries

13. COLOR OR RACE: White

14. AGE (At time of this birth): 39 YEARS

15. BIRTHPLACE (State or foreign country): Rupert, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Lowell W. Perkins

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH: 7 LBS. 7 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date April 1959.

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Umbilical cord wrapped tightly around neck.

20b. MATERNAL CAUSES

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): W. Betty M. D.

23b. DATE SIGNED: 12-16-59

23c. ATTENDANT'S ADDRESS: Shelley, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12/9/59

25c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

25d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 28-1959

REGISTRAR'S SIGNATURE: Luna Bredjen

26. FUNERAL DIRECTOR ADDRESS: Ralph M. Wood Idaho Falls, Idaho

Form DPH-48020

Betty

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED DEC 21 1959 Bureau of Vital Statistics

State File No. 188
Local Reg. No. 173
Reg. Dist. No. 36-0

1. PLACE OF STILLBIRTH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 621 No. 9th Ave.

3. CHILD'S NAME (Type or Print) BABY GIRL EDWARDS

4. SEX Female

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year) 12-5-59

7. FATHER'S NAME a. (First) Dean b. (Middle) D c. (Last) Edwards

8. COLOR OR RACE White

9. AGE (At time of this birth) 28 YEARS

10. BIRTHPLACE (State or foreign country) Bentonville, Arkansas

11a. USUAL OCCUPATION Deputy Sheriff

11b. KIND OF BUSINESS OR INDUSTRY Canyon Co.

12. MOTHER'S MAIDEN NAME a. (First) Vella b. (Middle) Joan c. (Last) Hopkins

13. COLOR OR RACE White

14. AGE (At time of this birth) 22 YEARS

15. BIRTHPLACE (State or foreign country) Ontario, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead?
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1

17. INFORMANT Vella Joan Edwards

18a. LENGTH OF PREGNANCY 40 WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES unknown

20b. MATERNAL CAUSES unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none

22. STATE ALL OPERATIONS FOR DELIVERY episiotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [illegible] MD

23b. DATE SIGNED 12-6-1959

23c. ATTENDANT'S ADDRESS 222 E Logan

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial

25b. DATE Dec. 7, 1959

25c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery

25d. LOCATION (City, town, or county) Caldwell (State) Idaho

DATE REC'D BY LOCAL REG. 12-14-59

REGISTRAR'S SIGNATURE Agnes M Denmas

26. FUNERAL DIRECTOR [illegible]

ADDRESS Peckham-Dakan-Davis Chapel
Caldwell, Idaho

Form DPH-48020

PHS-797(VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1948 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 189
Local Reg. No. 114
Reg. Dist. No. 360

RECEIVED DEC 21 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORIAL HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
d. STREET ADDRESS (If rural, give location): 2410 COLORADO

3. CHILD'S NAME (Type or Print): BABY BOY SPRAGUE

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): DECEMBER 9 1959

7. FATHER'S NAME: a. (First) THERON b. (Middle) LEE c. (Last) SPRAGUE

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country): NAMPA, IDAHO

11a. USUAL OCCUPATION: BEE KEEPER

11b. KIND OF BUSINESS OR INDUSTRY: SELF

12. MOTHER'S MAIDEN NAME: a. (First) SANDRA b. (Middle) LEE c. (Last) TRAXLER

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country): RIVERSIDE, CALIFORNIA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT: Theron L Sprague (FATHER)

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: LBS. 7 OZS. 8

19. Was a standard serological test for syphilis performed? Yes ✓ No ____
Approximate date July 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Hydrocephalus, Severe

20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech Presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy, Craniotomy

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:50 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Charles E. Krause, M.D.

23b. DATE SIGNED: Dec. 10, 1959

23c. ATTENDANT'S ADDRESS: Caldwell, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: Dec. 10. 1959

25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

25d. LOCATION (City, town, or county): Caldwell (State): Caldwell

DATE REC'D BY LOCAL REG.: 12-14-59

REGISTRAR'S SIGNATURE: Agnes Denman

26. FUNERAL DIRECTOR: Peckham-Davis Chapel ADDRESS: Caldwell, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 190
Local Reg. No. 117
Reg. Dist. No. 360

RECEIVED DEC 28 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Box 21

3. CHILD'S NAME (Type or Print): JAMES FERRIL HAWKINS

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 12 / 15 / 59

7. FATHER'S NAME: a. (First) Ovett b. (Middle) E. c. (Last) Hawkins

8. COLOR OR RACE: White

9. AGE (At time of this birth): 37 YEARS

10. BIRTHPLACE (State or foreign country): Tennessee

11a. USUAL OCCUPATION: Painter

11b. KIND OF BUSINESS OR INDUSTRY: Self

12. MOTHER'S MAIDEN NAME: a. (First) Ludie b. (Middle) L. c. (Last) Williams

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country): Union City, Arkansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: [illegible] (Father)

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Infarct of placenta
20b. MATERNAL CAUSES:

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [illegible] MD
23b. DATE SIGNED: 12-16-59
23c. ATTENDANT'S ADDRESS: 220 E. Logan Caldwell, Id
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
25b. DATE: 12-16-59
25c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
25d. LOCATION (City, town, or county) (State): Caldwell Idaho.

DATE REC'D BY LOCAL REG.: 12-24-59
REGISTRAR'S SIGNATURE: Agnes M Denman

26. FUNERAL DIRECTOR: Oscar B. Flaiz
ADDRESS: Flaiz Funeral Chapel

Form DPH-48020

MAR 1 1962

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 191
Local Reg. No. 1
Reg. Dist. No. 3-6-2

RECEIVED JAN 12 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R # 4

3. CHILD'S NAME (Type or Print): Mark Wayne Weisser

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 28, 1959

7. FATHER'S NAME
a. (First): Floyd
b. (Middle):
c. (Last): Weisser

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country): No. Dakota

11a. USUAL OCCUPATION: Empire Motors

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME
a. (First): Evelyn
b. (Middle):
c. (Last): Scott

13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country): Nampa, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Floyd Weisser

18a. LENGTH OF PREGNANCY: WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Cerebral Hemorrhage

20b. MAERNAL CAUSES: Unknown Cause

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Unknown Cause

22. STATE ALL OPERATIONS FOR DELIVERY: Version + extraction

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Hugh B. Marquiss MD

23b. DATE SIGNED: 12/31/59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-29-1959

25c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

25d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Jan. 8, 1960

REGISTRAR'S SIGNATURE: Mrs. Janet Steck

26. FUNERAL DIRECTOR: John J. Alsip Jr.

ADDRESS: Nampa, Idaho

ALSIP FUNERAL CHAPEL 404-10 Ave. So.

Form DPH-48020

Embalmed by Richard Reed- E- 440

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 192
Local Reg. No. 2
Reg. Dist. No. 3 6 2

RECEIVED JAN 12 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa -Rural
d. STREET ADDRESS (If rural, give location): R # 2

3. CHILD'S NAME (Type or Print): Small

4. SEX: M
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH: Dec. 30 1959

7. FATHER'S NAME: a. (First) James b. (Middle) c. (Last) Small
8. COLOR OR RACE: White

9. AGE (At time of this birth): 49 YEARS
10. BIRTHPLACE (State or foreign country): Lewiston Idaho
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Ruth b. (Middle) c. (Last) Shepherd
13. COLOR OR RACE: Negro

14. AGE (At time of this birth): 29 YEARS
15. BIRTHPLACE (State or foreign country): Houston, Texas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: James Small

18a. LENGTH OF PREGNANCY WEEKS: 4
18b. WEIGHT AT BIRTH: LBS. 11 OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No ____ Approximate date

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Spina-bifida. Hydrocephalus, Absence of l. arm. Absence of kidney + normal genitali
20b. MATERNAL CAUSES: None

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Rupture of spina bifida + collapse of head.
22. STATE ALL OPERATIONS FOR DELIVERY: Breech delivery.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Gerald E. Hasche M.D.
23b. DATE SIGNED: 1-4-60
23c. ATTENDANT'S ADDRESS
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL
TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 12-31-1959
25c. NAME OF CEMETERY ~~OR CREMATORY~~: Hillcrest Memorial Gardens
25d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: Jan 5, 1960
REGISTRAR'S SIGNATURE: Mrs. Jane Steck
26. FUNERAL DIRECTOR: John F. Alsip, Jr.
ADDRESS: Nampa, Idaho

Form DPH-48020

ALSIP FUNERAL CHAPEL 404-10Ave. So.

Larry Kroush # 447--Nampa Dec. 30, 1959

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 193
Local Reg. No. 2
Reg. Dist. No. 380-391

RECEIVED JAN 18 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MOUNTAIN HOME AIR FORCE BASE, IDA.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE IDAHO
b. COUNTY ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GLENNS FERRY
d. STREET ADDRESS (If rural, give location) BOX 45A

3. CHILD'S NAME (Type or Print) ARTHUR LEON TURNER JUNIOR

4. SEX MALE

5a. THIS BIRTH SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) DEC (Day) 9 (Year) 1959

7. FATHER'S NAME a. (First) ARTHUR b. (Middle) LEON c. (Last) TURNER

8. COLOR OR RACE WH

9. AGE (At time of this birth) 28 YEARS

10. BIRTHPLACE (State or foreign country) NEW YORK, BUFFALO

11a. USUAL OCCUPATION USAF

11b. KIND OF BUSINESS OR INDUSTRY USAF

12. MOTHER'S MAIDEN NAME a. (First) ICHI b. (Middle) K c. (Last) KENEKO

13. COLOR OR RACE MONG

14. AGE (At time of this birth) 32 YEARS

15. BIRTHPLACE (State or foreign country) JAPAN, TOKYO

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? NONE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT Arthur L. Turner

18a. LENGTH OF PREGNANCY 24 WEEKS

18b. WEIGHT AT BIRTH 2 LBS. 0 OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 29 JULY 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES UNKNOWN

20b. MATERNAL CAUSES UNKNOWN

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE

22. STATE ALL OPERATIONS FOR DELIVERY NONE

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:00 A m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [illegible], M.D.

23b. DATE SIGNED DEC. 9, 1959

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

25b. DATE 12-29-59

25c. NAME OF CEMETERY OR CREMATORY Mt. View Memorial

25d. LOCATION (City, town, or county) (State) BOISE, Idaho

DATE REC'D BY LOCAL REG. Jan 4 1960

REGISTRAR'S SIGNATURE [illegible]

26. FUNERAL DIRECTOR Arthur Smith

ADDRESS BEY MORTUARY Mt. Home, Idaho

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PUBLIC HEALTH SERVICE

RECEIVED JAN 18 1960 Bureau of Vital Statistics

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 194
Local Reg. No. 4
Reg. Dist. No. 380-391

1. PLACE OF STILLBIRTH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AIR FORCE BASE, IDA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): USAF HOSPITAL

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME
d. STREET ADDRESS (If rural, give location): 115 SOUTH 12TH EAST

3. CHILD'S NAME (Type or Print): STEVEN LYNN KOCH

4. SEX: MALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): DECEMBER 18 1959

7. FATHER'S NAME: a. (First) LEONARD b. (Middle) CORWIN c. (Last) KOCH

8. COLOR OR RACE: CAU

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country): IDAHO, TWIN FALLS

11a. USUAL OCCUPATION: USAF

11b. KIND OF BUSINESS OR INDUSTRY: USAF

12. MOTHER'S MAIDEN NAME: a. (First) ANITA b. (Middle) MARIE c. (Last) KOCH

13. COLOR OR RACE: CAU

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country): CALIFORNIA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? NONE
b. How many children were born alive but are now dead? NONE
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE

17. INFORMANT: Leonard Corwin Koch (Father)

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. ¼ OZS.

19 Was a standard serological test for syphilis performed? Yes X No
Approximate date 23 NOVEMBER 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: UNKNOWN
20b. MATERNAL CAUSES: UNKNOWN

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: NONE

22. STATE ALL OPERATIONS FOR DELIVERY: LEFT MESIOLATERAL EPISIOTOMY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 0816 Am.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John W. Lanes

23b. DATE SIGNED: 18 DECEMBER 1959

23c. ATTENDANT'S ADDRESS: MT HOME AFB, IDAHO

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

25b. DATE: 12-22-59

25c. NAME OF CEMETERY OR CREMATORY: DRY CREEK CEM.

25d. LOCATION (City, town, or county) (State): BOISE, Idaho

DATE REC'D BY LOCAL REG.: Jan 4 1960

REGISTRAR'S SIGNATURE: A. Anderson

26. FUNERAL DIRECTOR ADDRESS: Robert F. Dickard Boise Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 195
Local Reg. No. 5
Reg. Dist. No. 120

RECEIVED JAN 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake City General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 533 W. Linden Avee

3. CHILD'S NAME (Type or Print): TAMI RAE STRANGE

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) Dec. (Day) 19 (Year) 1959

7. FATHER'S NAME a. (First): Thomas b. (Middle): Ray c. (Last): Strange

8. COLOR OR RACE: White

9. AGE (At time of this birth): 55 YEARS

10. BIRTHPLACE (State or foreign country): Oklahoma

11a. USUAL OCCUPATION: Teacher-Principal

11b. KIND OF BUSINESS OR INDUSTRY: Jr. High School

12. MOTHER'S MAIDEN NAME a. (First): Betty b. (Middle): Marie c. (Last): Kapell

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Thomas R. Strange, Sr.

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Post Maturity

20b. MATERNAL CAUSES: Umbilical cord about neck -

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): D M Kimmett M.D.

23b. DATE SIGNED: 12-23-59

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Ida.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-23-59

25c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Dec. 24, 1959

REGISTRAR'S SIGNATURE: Lorraine K. Brush

26. FUNERAL DIRECTOR: Don English ADDRESS: Coeur d'Alene, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 196
Local Reg. No. 6
Reg. Dist. No. 120

RECEIVED JAN 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene General Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 319 N. 6th St.

3. CHILD'S NAME (Type or Print): Anthony Franklin Lenzi, Junior

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): 12- 28 1959

7. FATHER'S NAME a. (First): Anthony b. (Middle): Franklin c. (Last): Lenzi

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country): Pennsylvania

11a. USUAL OCCUPATION: Baker

11b. KIND OF BUSINESS OR INDUSTRY: Albertson's Food

12. MOTHER'S MAIDEN NAME a. (First): Cora b. (Middle): Mae c. (Last): Lenzi

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country): Spokane, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: One
b. How many children were born alive but are now dead?: None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: None

17. INFORMANT: Cora Mae Lenzi (O.E.)

18a. LENGTH OF PREGNANCY WEEKS

18b. WEIGHT AT BIRTH LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Mother fell causing premature separation of placenta

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): John G. Colesh, M.D.

23b. DATE SIGNED: 12-30-59

23c. ATTENDANT'S ADDRESS: Coeur d'Alene, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-29-59

25c. NAME OF CEMETERY OR CREMATORY: St Thomas Cemetery

25d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Dec. 31, 1959

REGISTRAR'S SIGNATURE: Lorraine K. Brush Alon English

26. FUNERAL DIRECTOR ADDRESS: Coeur d'Alene, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 197
Local Reg. No. 136
Reg. Dist. No. 200

RECEIVED JAN 11 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 624 White Avenue

3. CHILD'S NAME (Type or Print): Gary Wayne Mattoon

4. SEX: Male
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 16, 1959

7. FATHER'S NAME: a. (First) James b. (Middle) c. (Last) Mattoon
8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS
10. BIRTHPLACE (State or foreign country): Kooskai, Idaho
11a. USUAL OCCUPATION: Type-Setter
11b. KIND OF BUSINESS OR INDUSTRY: Newspaper

12. MOTHER'S MAIDEN NAME: a. (First) Mary b. (Middle) c. (Last) Sullivan
13. COLOR OR RACE: White

14. AGE (At time of this birth): 32 YEARS
15. BIRTHPLACE (State or foreign country): Fredericksburg, Virginia
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 2
b. How many children were born alive but are now dead? None
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Donald Ward Moscow, Idaho

18a. LENGTH OF PREGNANCY: 40 WEEKS
18b. WEIGHT AT BIRTH: 6 LBS. 10 OZS.
19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date June 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: None found
20b. MATERNAL CAUSES: None found

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:20 P. m.

23a. ATTENDANT'S SIGNATURE: D E Adams (Specify if M. D., midwife, or other): M. D
23b. DATE SIGNED: 12/19/59
23c. ATTENDANT'S ADDRESS: Moscow, Idaho
If NOT attended by physician
24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial
25b. DATE: 12-18-59
25c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
25d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 1/7/60
REGISTRAR'S SIGNATURE: Lois E. Shady
26. FUNERAL DIRECTOR: John T. Clark
ADDRESS: Moscow, Idaho

Form DPH-48020

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 198
Local Reg. No. 57
Reg. Dist. No. 630

RECEIVED DEC 18 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison County Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or Print): BABY GIRL THOMPSON

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec., 8, 1959

7. FATHER'S NAME: a. (First) Hyrum b. (Middle) E. c. (Last) Thompson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Jeanette b. (Middle) c. (Last) Congdon

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country): Wilford, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Mr. Hyrum E, Thompson Father

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 8 LBS. ✓ OZS.

19. Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date July 14, 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: —

20b. MATERNAL CAUSES: Disproportion fetus + pelvis

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Breech Presentation

22. STATE ALL OPERATIONS FOR DELIVERY: Difficult Breech Delivery

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:00 P. *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): O D Hogman, M.D.

23b. DATE SIGNED: 12-10-59

23c. ATTENDANT'S ADDRESS: Rexburg, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 9 Dec 1959

25c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery

25d. LOCATION (City, town, or county) (State): St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.: 12-12-59

REGISTRAR'S SIGNATURE: Leona Flamm

26. FUNERAL DIRECTOR: M L Hansen

ADDRESS: St. Anthony, Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 199
Local Reg. No. 200
Reg. Dist. No. 220

RECEIVED DEC 14 1959 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston, Washington
d. STREET ADDRESS (If rural, give location): 1314 - 18th Street

3. CHILD'S NAME (Type or Print): Mary Katherine
BABY GIRL MORRIS

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): Dec. 7, 1959

7. FATHER'S NAME
a. (First): Raymond
b. (Middle): (NMN)
c. (Last): Morris

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country): Milton-Freewater, Oregon

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY: P F I

12. MOTHER'S MAIDEN NAME
a. (First): Julia
b. (Middle):
c. (Last): Rousseau

13. COLOR OR RACE: White

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Yakima, Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 1
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT: Raymond Morris/Father

18a. LENGTH OF PREGNANCY: 39 WEEKS

18b. WEIGHT AT BIRTH: 3 LBS. 12 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: July 10, 1959.

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Anoxia (due to: Cord around neck combined with placental infarction)

20b. MATERNAL CAUSES: Placental infarction.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None.

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:10 a.m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): A. J. Corbitt, M.D.

23b. DATE SIGNED: 12-11-59

23c. ATTENDANT'S ADDRESS: Lewiston, Id.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Removal

25b. DATE: 12/10/1959

25c. NAME OF CEMETERY OR CREMATORY: Vineland

25d. LOCATION (City, town, or county) (State): Clarkston, Wash.

DATE REC'D BY LOCAL REG.: 12/11/59

REGISTRAR'S SIGNATURE: Cora Kinzer

26. FUNERAL DIRECTOR: Merchant Funeral Home (Jim Hewlett)

ADDRESS: Clarkston, Wash.

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 200
Local Reg. No. 361
Reg. Dist. No. 460

RECEIVED JAN 4 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 205 7th Ave. North

3. CHILD'S NAME (Type or Print): Baby Girl Spangler

4. SEX: Female
5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH (Month) (Day) (Year): 12 - 18 - 59

7. FATHER'S NAME: a. (First) Jack b. (Middle) L c. (Last) Mewes
8. COLOR OR RACE: White
9. AGE (At time of this birth): 23 YEARS
10. BIRTHPLACE (State or foreign country): Iowa
11a. USUAL OCCUPATION: Farming
11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Judith b. (Middle) Kay c. (Last) Spangler
13. COLOR OR RACE: White
14. AGE (At time of this birth): 22 YEARS
15. BIRTHPLACE (State or foreign country): Iowa
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 0
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Jerry Spangler

18a. LENGTH OF PREGNANCY: approx 30 WEEKS
18b. WEIGHT AT BIRTH: 2 LBS. 14 3/4 OZS.
19. Was a standard serological test for syphilis performed? Yes X No
Approximate date: May 1959 - Negative

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Placental - small - probable interference with Circulation
20b. MATERNAL CAUSES: Bicornate uterus -

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Essential hypertension
22. STATE ALL OPERATIONS FOR DELIVERY: Episiotomy L M Lateral

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 A *m.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): Robert J Fickle MD
23b. DATE SIGNED: 12-18-59
23c. ATTENDANT'S ADDRESS: Twin Falls, Id
If NOT attended by physician: 24. SIGNATURE OF AUTHORIZED OFFICIAL: TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Dec. 18, 1959
25b. DATE: 12/18/59
25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
25d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Dec. 18, 1959
REGISTRAR'S SIGNATURE: Lenora O Forman
FOR FUNERAL DIRECTOR: Twin Falls Mortuary
ADDRESS: Twin Falls, Ida.
Johnita C. Reynolds

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 201
Local Reg. No. 381
Reg. Dist. No. 460

RECEIVED JAN 7 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 827 Main St E.

3. CHILD'S NAME (Type or Print): Charles Gregory Brubaker

4. SEX: male

5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 12 - 24 - 59

7. FATHER'S NAME: a. (First) Clarence b. (Middle) Glen c. (Last) Brubaker

8. COLOR OR RACE: w

9. AGE (At time of this birth): 49 YEARS

10. BIRTHPLACE (State or foreign country): Payette, Idaho

11a. USUAL OCCUPATION: truck driver

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Vera b. (Middle) Ida Mae c. (Last) Sullivan

13. COLOR OR RACE: w

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country): Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 5
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Clarence Brubaker

18a. LENGTH OF PREGNANCY: 40 WEEKS

18b. WEIGHT AT BIRTH: 6 LBS. 9¼ OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Sept. 1959

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: None abnormal

20b. MATERNAL CAUSES: Short cord around neck

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:25 *pm.*

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): O H Ashleah MD

23b. DATE SIGNED: 24 Dec 59

23c. ATTENDANT'S ADDRESS: Twin Falls

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 12-26-59

25c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem

25d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Dec. 31, 1959

REGISTRAR'S SIGNATURE: Lenora O. Lorman

26. FUNERAL DIRECTOR: [illegible]

ADDRESS: White Mortuary, Twin Falls Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 383 202
Local Reg. No. 460
Reg. Dist. No.

RECEIVED JAN 7 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer, Idaho
d. STREET ADDRESS (If rural, give location): Box 432

3. CHILD'S NAME (Type or Print): Gail Marie Shelton

4. SEX: F

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year): 12 - 29 - 59

7. FATHER'S NAME: a. (First) Ben b. (Middle) Homer c. (Last) Shelton

8. COLOR OR RACE: W

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country): Idaho.

11a. USUAL OCCUPATION: policeman

11b. KIND OF BUSINESS OR INDUSTRY:

12. MOTHER'S MAIDEN NAME: a. (First) Wanda b. (Middle) Lucile c. (Last) Laughlin

13. COLOR OR RACE: W

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 1
b. How many children were born alive but are now dead? 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT: Ben. Shelton

18a. LENGTH OF PREGNANCY: 38 WEEKS

18b. WEIGHT AT BIRTH: 1 LBS. 10 OZS.

19 Was a standard serological test for syphilis performed? Yes ✓ No
Approximate date: Aug. 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES: Multiple placental infarcts
20b. MATERNAL CAUSES: None

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): C W Collings M.D.

23b. DATE SIGNED: 12-29-59

23c. ATTENDANT'S ADDRESS: Filer, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Burial

25b. DATE: 1-2-60

25c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cem

25d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: Dec. 31, 1959

REGISTRAR'S SIGNATURE: Lenora O. Lamman

26. FUNERAL DIRECTOR: White Mortuary

ADDRESS: Twin Falls Idaho

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 203
Local Reg. No. 66
Reg. Dist. No. 510

RECEIVED JAN 27 1960 Bureau of Vital Statistics

1. PLACE OF STILLBIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 209 South 7th

3. CHILD'S NAME (Type or Print): Baby Boy Reynolds

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF STILLBIRTH (Month) (Day) (Year): December 2 1959

7. FATHER'S NAME
a. (First): Eugene
b. (Middle): Paul
c. (Last): Reynolds

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country): St. Anthony, Idaho

11a. USUAL OCCUPATION: Student

11b. KIND OF BUSINESS OR INDUSTRY: Idaho State College

12. MOTHER'S MAIDEN NAME
a. (First): Teddie
b. (Middle): Lou
c. (Last): White

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country): Rexburg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living?: 1
b. How many children were born alive but are now dead?: 0
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT: Mrs. Teddie Lou Reynolds Mother

18a. LENGTH OF PREGNANCY: 36 WEEKS

18b. WEIGHT AT BIRTH: LBS. OZS.

19 Was a standard serological test for syphilis performed? Yes ...X... No .....
Approximate date July 1959

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES: Apparent strangulation of Umbilical Blood Supply.

20b. MATERNAL CAUSES: None known.

21 STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None

22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at ..... m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other): [signature] MD

23b. DATE SIGNED: 12-30-59

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

25b. DATE

25c. NAME OF CEMETERY OR CREMATORY: Bannock Memorial Hospital

25d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: JAN 24 1960

REGISTRAR'S SIGNATURE: Glenn Dopila

26. FUNERAL DIRECTOR

ADDRESS

Form DPH-48020